# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  Omar  NICKNAME LAST  Narvaez	MI SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE /		Pallas TX 75208  EXTENSION	
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Dustin  NICKNAME LAST  Gadberry	MI SUFFIX	Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;  Dallas TX 75207	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical Suly 15 X 8th day before electrical X		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 03 / 23 / 2021	THROUGH 04	Day Year  21 2021
11 ELECTION	Month Day Year Primary  05 01 2021 General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any) Councilmember District 6	13 OFFICE SOUGHT (if known Council District 6	
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)
Omar Narvaez			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INJURES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
ages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24004.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 3780.55
	4. TOTAL	POLITICAL EXPENDITURES	\$ 21623.57
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 61910.76
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 11000.00
18 AFFIDAVIT	1		'
		I swear, or affirm, under penalty of perjutrue and correct and includes all informations under Title 15, Election Code.	
		***ELECTRONICALLY CEF	RTIFIED***
		Signature of Candida	ate or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the said Omar Narvaez	, this the _23rd
day of <u>April</u>	, 2021,	to certify which, witness my hand and seal of office.	
Signature of officer a	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 Omar Narvaez		20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTAL NAME OF SCHEDULE	LS		SUBTOTAL AMOUNT
1. SCHEDULE	A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24,004.00
2. SCHEDULE	A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE	B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE	E: LOANS		\$ 0.00
5. SCHEDULE	F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 17,843.02
6. SCHEDULE	F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE	F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$ 0.00
8. SCHEDULE	F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE	G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 0.00
10. SCHEDULE H	H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I	: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0.00
12. SCHEDULE PRETURNED 1	K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS	\$ 0.00

#### SCHEDULE A1

The	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1: 1 of 11
<b>2</b> FILER NAME Omar Narvaez	: 	3	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/21/2021	5 Full name of contributor □ out-of-state PAC (ID#:□ Bridget Lopez  6 Contributor address; City; State; Zi 4826 Meadowdale □ Dallas, TX 7	p Code	7 Amount of contribution (\$) 1000.00
8 Principal occ	upation / Job title (See Instructions)  9 E	Employer (See Instruction	ns)
Date 04/15/2021	Full name of contributor	ip Code	Amount of contribution (\$) 1000.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	is)
Date 04/21/2021	Full name of contributor	p Code	Amount of contribution (\$) 1000.00
Principal occu	upation / Job title (See Instructions)	 Employer (See Instruction	ns)
Date 04/21/2021	Full name of contributor Farroukh Zaidi  Contributor address; City; State; Zig 6121 Preston Haven  Cout-of-state PAC (ID#:_ out-of-state PAC (ID#:_ ou	o Code	Amount of contribution (\$) 1000.00
Principal occu	upation / Job title (See Instructions)	 Employer (See Instruction	ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

2 FILER NAI Omar Narvae: 4 Date 04/21/2021		2 of 11  3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)  1000.00
4 Date 04/21/2021	5 Full name of contributor	7 Amount of contribution (\$)
04/21/2021	SHan Zaidi	
		1000.00
ler	10733 Dallas, TX 75220	
	ccupation / Job title (See Instructions)  9 Employer (See Inst	tructions)
Date	Full name of contributor	Amount of contribution (\$)
03/23/2021	Garrett Boone Contributor address; City; State; Zip Code	1000.00
	3111 Welborn St Suite 1404 Dallas, TX 75219	
Principal oc	cupation / Job title (See Instructions) Employer (See Inst	l tructions)
Date	Full name of contributor	) Amount of contribution (\$)
03/23/2021	Cecilia Boone	1000.00
	Contributor address; City; State; Zip Code 3111 Welborn Suite 1404 Dallas, TX 75219	
Principal oc	ccupation / Job title (See Instructions)  Employer (See Instructions)	l tructions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/05/2021	HBA of Greater Dallas HOMEPAC	2500.00
	Contributor address; City; State; Zip Code 5816 W Plano Parkway Plano, TX 75093	
Principal oc	cupation / Job title (See Instructions) Employer (See Inst	l tructions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 3 of 11
2 FILER NAME Omar Narvaez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
04/01/2021	Dallas Firefighters association PAC		1000.00
0 ., 0 1, 2021	6 Contributor address; City; State;	Zip Code	1000100
	10956 Audelia Dallas, T	TX 75243	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/09/2021	Stonewall Democrats of Dallas PAC		350.00
01/09/2021	Contributor address; City; State;	Zip Code	330.00
	P.O. Box 192305 Dallas, T	TX 75219	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/06/2021	Amelia Leija		500.00
	Contributor address; City; State; 209 S 1st Street Crandall,	Zip Code , TX 75114	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#: )	Amount of contribution (\$)
03/31/2021	Angela Hale		500.00
	Contributor address; City; State; 10902 Ormond Frisco, T	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 of 11
<b>2</b> FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAC (ID#:	<b>7</b> Amount of contribution (\$)
04/07/2021	Leobardo Trevino  6 Contributor address; City; State; Zip Code 1111 W Mockingbird Dallas, TX 75247	1000.00
8 Principal occi	upation / Job title (See Instructions)  9 Employer (See	Instructions)
Date 04/07/2021	Full name of contributor	Amount of contribution (\$)
ockingbird	Contributor address; City; State; Zip Code  1111 Dallas, TX 75247	
	pation / Job title (See Instructions) Employer (See	Instructions)
Date 04/16/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date 03/31/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 2500.00
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 5 of 11
<b>2</b> FILER NAME Omar Narvaez			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/06/2021	5 Full name of contributor ☐ out-of-state PAC (III Henry Billingsley  6 Contributor address; City; State; 1722 Routh Suite 770 Dallas, T		7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/19/2021	Full name of contributor	Zip Code	Amount of contribution (\$) 750.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/01/2021	Full name of contributor	•	Amount of contribution (\$) 27.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/02/2021	Contributor address; City; State;	Zip Code TX 75019	Amount of contribution (\$) 25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Omar Narvaez			
4 Date	<b>5</b> Full name of contributor  uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/02/2021	Sandra De La Cruz		50.00
	6 Contributor address; City; State;	Zip Code	
	3917 Van Ness Dallas,	TX 75220	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/03/2021	Steve Atkinson		250.00
	Contributor address; City; State;	Zip Code	
	5926 Tree Shadow Dallas,	TX 75252	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/03/2021	Deborah Carpenter		100.00
	Contributor address; City; State; 2009 Neal St Dallas,	Zip Code TX 75208	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/04/2021	Kyla Cole		1000.00
		Zip Code TX 75218	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 11
2 FILER NAME Omar Narvaez			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/05/2021	Peter Schulte  6 Contributor address; City; State;	(ID#:)  Zip Code  TX 75208	7 Amount of contribution (\$) $100.00$
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 04/05/2021	Jay Narey  Contributor address; City; State:	(ID#:)	Amount of contribution (\$) 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/06/2021	Todd Hill Contributor address; City; State;	Zip Code TX 75216	Amount of contribution (\$) 150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/06/2021	Keith Pomykal Contributor address; City; State:	(ID#:)  Zip Code TX 75219	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 11
2 FILER NAME Omar Narvaez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC  Ruben Landa	(ID#:)	7 Amount of contribution (\$)
04/09/2021			300.00
	6 Contributor address; City; State;		
	3111 N Houston Dallas,	TX 75219	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/09/2021	Keith Pomykal		100.00
	Contributor address; City; State;		
	P.O. Box 192723 Dallas, 7	TX 75210	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/09/2021	James White		100.00
	Contributor address; City; State; 12330 Creekspan Dallas,	Zip Code TX 75243	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/10/2021	Jim Paccone		100.00
	Contributor address; City; State; 4020 Valley Ridge Dallas,		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 11
<b>2</b> FILER NAME Omar Narvaez			3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
04/10/2021	04/10/2021 Richard Schumacher		100.00
	6 Contributor address; City; State;		
	P.O. Box 835526 Richard	dson, TX 75083	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
04/10/2021	Ingrid Burgan		100.00
	Contributor address; City; State		
	9740 Mixon Dallas,	TX 75220	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/15/2021	Christopher Walter		25.00
	Contributor address; City; State; 2310 N. Henderson Dallas,	; Zip Code TX 75206	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Amount of contribution (\$)
04/16/2021	Jeff Carey	,	1000.00
	Contributor address; City; State 300 E Round Grove Lewisy		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 10 of 11
2 FILER NAME Omar Narvaez			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/16/2021	Michael Cintron  6 Contributor address; City; State;	Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/16/2021	Patrick Franklin Contributor address; City; State;	Zip Code w, TX 75605	Amount of contribution (\$) 27.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/18/2021	J Damany Daniel  Contributor address; City; State;	Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/19/2021	Full name of contributor  3401 Glendenning  Contributor address;  City; State;  City; Dallas, T		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The Instruction Guide explains	how to complete this	s form.	1 Total pages Schedule A1: 11 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Omar Narvaez			
4 Date 5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
04/20/2021 Erin Moore			100.00
6 Contributor address;		e; Zip Code	
324 Easton	Dallas	, TX 75218	
8 Principal occupation / Job title (See Instruct	ions)	9 Employer (See Instruc	tions)
Date Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/21/2021 David Lozano			250.00
Contributor address;	City; State		
8710 Park Lane Suite	D Dallas	, TX 75231	
Principal occupation / Job title (See Instruction	ons)	Employer (See Instruc	tions)
Date Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/21/2021 Brooke Palmer			50.00
Contributor address;	City; State	e; Zip Code	
3752 Rockdale	Dallas	, TX 75220	
Principal occupation / Job title (See Instruction	ons)	Employer (See Instruc	tions)
Date Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Contributor address;		e; Zip Code	
Principal occupation / Job title (See Instruction	ons)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/25/2021	5 Payee name Mail House Inc	'	
<b>6</b> Amount (\$) 2951.45	7 Payee address; City; State; Zip Code 8505 Chancellor Row SulDalCas, TX 75247		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/05/2021	Payee name Arstillery		
Amount (\$) 250.00	Payee address; City; State; Zip Code 723 Fort Worth Ave Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Comm		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 04/18/2021	Payee name Mail House Inc.		
Amount (\$) 2891.27	Payee address; City; State; Zip Code 8505 Chancellor Row Dallas, TX 75247		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 3	2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/20/2021	5 Payee name DFW Mail Today		
<b>6</b> Amount (\$) 1924.30	7 Payee address; City; State; Zip Code 8505 Chancellor Row Dallas, TX 75247		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense		utside of Texas. Complete Schedule T.  1, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/21/2021	Payee name  WallIs Printing		
Amount (\$) 2318.45	Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/20/2021	Payee name Walls Printing		
Amount (\$) 2127.55	Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries \( \)  The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)  complete this form.	
<b>1</b> Total pages Schedule F1: 3 of 3	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/01/2021	5 Payee name Jones-Hill Consulting		
6 Amount (\$) 4380.00	7 Payee address; City; State; Zip Code 707 Vermont Dallas, TX 75216		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 04/01/2021	Payee name Taylor Adams		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 519 N. Oak Cliff Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting	
Complete ONLY 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	