City Secretary's Office

Supplement Officeholder	tal Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST MI Jaime	2. Total Pages Filed: 11	
	NICKNAME	LAST SUFFIX Resendez	3. Office Held Council District 5	;
4. SUPPLEMENTAL REPORT TYPE	c January 15	🗶 30th day before election c Runoff	c 15th day after camp treasurer appointme (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		1/1/2021 THROUGH 3/22/2021		
6. ELECTION	Month Day Year			
	5/1/2021	c Primary c Runoff X	General c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLES	•	\$0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00		\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	•	\$0.00
(Campaign)	6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO		OANS)	\$ 10,075.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
	TOTALS 8. TOTAL POLITICAL EXPENDITURES			\$ 5,463.89
9. OFFICEHOLDER FUN FOR CAMPAIGN PUR		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRI CAMPAIGN EXPEND TURES DURING THE REPORTING PE		\$ 0.00
10. 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.				
ELECTRONICALLY CERTIFIED				
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the saidMr Jaime Resendez, this thetstday				
of April , 20_21 , 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				

SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 1 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Jaime Resence	ez		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
02/02/2021	Mark Melton N/A		1000.00
Campaign	6 Contributor address; City; State;	Zip Code	
Contribution	2921 Leeshire Dr. Dallas, 7	TX 75228	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Attorney			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/02/2021	Raul Garcia N/A		100.00
02/03/2021			100.00
Campaign	Contributor address; City; State;		
Contribution	1620 East Riverside Dr Suite 3049 Austin, 7	TX 78741	
Principal occup Attorney	nation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
02/05/2021	Larry Offutt n/a		250.00
Campaign Contribution	Contributor address; City; State; 6038 Bryan Pkwy Dallas, 7	Zip Code TX 75206	
Principal occup Steak N Shake	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/06/2021	Carla Deleon Stafford N/A	,	100.00
02/00/2021			100.00
Campaign Contribution		Zip Code TX 75223	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Jaime Resence	ez		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
02/05/2021	Sanjiv Agarwal N/A		250.00
Campaign	6 Contributor address; City; State;	Zip Code	
Contribution	4727 Stonehollow Way Dallas, 7	TX 75287	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
02/10/2021	Larry Offutt n/a		250.00
Campaign	Contributor address; City; State;	Zip Code	
Contribution	6038 Bryan Pkwy Dallas, 7	TX 75206	
Principal occup Steak N Shake	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
02/13/2021	Billy Gipson N/A		150.00
Campaign	Contributor address; City; State;	Zip Code	
Contribution	3244 Silver Creek Dr Mesquit	te, TX 75181	
Principal occupation / Job title (See Instructions) Dallas County Employer (See Instruct			ions)
Date	Full name of contributor	TX	Amount of contribution (\$)
03/15/2021	Dustin Marshall N/A	,	1000.00
Campaign Contribution		Zip Code TX 75230	
Principal occup CEO	pation / 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: 3 of 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr Jaime Resend	ez	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
03/18/2021	Abel Mulugheta N/A	100.00
Campaign Contribution	6 Contributor address; City; State; Zip Code 1919 Jackson Street Suite 1721 Dallas, TX 75201	
8 Principal occu State of Texas		er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/18/2021	Joanna St Angelo N/A	100.00
Campaign	Contributor address; City; State; Zip Code	
Contribution	3221 Red Bird Ln Grapevine, TX 7605	51
Principal occup Executive Dire		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/18/2021	Christopher Hamilton N/A	1000.00
Campaign Contribution Contributor address; City; State; Zip Code 325 N. St Paul Street Suite 3300 Dallas, TX 75201		
Principal occup Attorney	pation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/20/2021	Black American Futures	250.00
Campaign Contribution	Contributor address; City; State; Zip Code P.O. Box 3050 Decatur, GA 30031	
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this for	m. 1	Total pages Schedule A1: 4 of 5		
2 FILER NAME Mr Jaime Resence	lez	3	3 Filer ID (Ethics Commission Filers)		
·	5 Full name of contributor ☐ out-of-state PAC (ID#: Domingo Garcia N/A 6 Contributor address; City; State; 2 1111 W Mockingbird Lane Suite 120 ₱allas, TX pation / Job title (See Instructions) 9	Zip Code	7 Amount of contribution (\$) 1000.00		
Attorney					
Date 03/13/2021 Campaign Contribution		Zip Code	Amount of contribution (\$) 25.00		
Principal occup Self Employed	pation / Job title (See Instructions)	Employer (See Instruction	is)		
Date 03/19/2021 Campaign Contribution	Full name of contributor	•	Amount of contribution (\$) 1000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
Date 03/11/2021 Campaign Contribution	Full name of contributor	Zip Code	Amount of contribution (\$) 2500.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)		

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr Jaime Resend	ez			
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)	
03/16/2021 Campaign	James McFall N/A 6 Contributor address; City; State;	Zip Code	1000.00	
Contribution	6702 Lakewood Blvd Dallas, 7	TX 75314		
8 Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Contributor address; City; State;			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Contributor address; City; State;	Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	

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	Il 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: 1 of 5	2 FILER NAME Mr Jaime Resendez	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	,	
01/11/2021	Go Daddy		
6 Amount (\$) 76.62	7 Payee address; City; State; Zip Code 14455 N Hayden Rd Suite 219		
Campaign Funds for Campaign Expenditures	Scottsdale, AZ 85260		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense Website	
• O ONIV.''. I'	Candidate / Officeholder name	Office sought Office held	
9 Complete ONLY if direct expenditure to benefit C/OF		Council District 5 Council District 5	
Date	Payee name		
01/19/2021	Go Daddy		
Amount (\$) 39.95	Payee address; City; State; Zip Code 14455 N Hayden Rd Suite 219		
Campaign Funds for Campaign Expenditures	Scottsdale, AZ 85260		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
OF	Advertising Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE		Website	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5	
Date	Payee name		
01/19/2021	USPS		
Amount (\$) 118.00	Payee address; City; State; Zip Code 350 S BUCKNER BLVDallas, TX 75217		
Campaign Funds for Campaign Expenditures	330 S BUCKNER BEVIDAMAS, TA 73217		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	P.O. Box	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
		P.O. Box	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 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 of 5	2 FILER NAME Mr Jaime Resendez	3 Filer ID (Ethics Commission Filers)	
4 Date 01/19/2021	5 Payee name Chase Bank		
6 Amount (\$) 34.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 1838 S Buckner Blvd Dallas, TX 75217		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5	
Date 01/29/2021	Payee name Chase Bank		
Amount (\$) 12.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 1838 S Buckner Blvd Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5	
Date	Payee name		
02/08/2021 Amount (\$) 35.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code P.O. Box 192305 Dallas, TX 75219		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5	
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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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (outer a satisfier) not noted above,
1 Total pages Schedule F1: 3 of 5	•		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2021	5 Payee name K & R Screen Printing		
6 Amount (\$) 1569.63 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 3915 Main Street Dallas, TX 75226		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Complete Schedule T. I, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date 02/08/2021	Payee name Texas Democratic Party		
Amount (\$) 280.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 1106 Lavaca Suite 100 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date 02/26/2021	Payee name Chase Bank		
Amount (\$) 12.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 1838 S Buckner Blvd Dallas, TX 75217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

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	al 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: 4 of 5	2 FILER NAME Mr Jaime Resendez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>
03/03/2021	K & R Screen Printing	
6 Amount (\$) 1569.62	7 Payee address; City; State; Zip Code 3915 Main Street Dallas, TX 75226	
Campaign Funds for Campaign Expenditures		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		Yard Signs
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	Jaime Resendez	Council District 5 Council District 5
Date	Payee name	
03/09/2021	Walls Printing	
Amount (\$)	Payee address; City; State; Zip Code	
683.72	9171 King Arthur Dr Dallas, TX 75247	
Campaign Funds for Campaign Expenditures		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		Material
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		Council District 5 Council District 5
Date	Payee name	
03/15/2021	Office Depot	
Amount (\$) 749.78	Payee address; City; State; Zip Code 2415 North Haskell Dallas, TX 75204	
Campaign Funds for	2413 Notul Haskell Dallas, 1X /3204	
Campaign Expenditures		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
OF	,	Check if Austin, TX, officeholder living expense
EXPENDITURE		Material
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Jaime Resendez	Council District 5 Council District 5
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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
Other (enter a setage)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 5	2 FILER NAME Mr Jaime Resendez		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2021	5 Payee name Go Daddy		
6 Amount (\$) 89.42 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 14455 N Hayden Rd Suite 219 Scottsdale, AZ 85260		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. a, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date	Payee name		
03/22/2021	PayPal		
Amount (\$) 194.15 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2211 North First St Suite 2211 San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED