

# Supplemental Report Officeholder

# FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		2. Total Pages Filed: 26
		Omar			
	NICKNAME	LAST	SUFFIX		3. Office Held Councilmember
		Narvaez			
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <span>c January 15</span> <span>c 30th day before election</span> <span>c Runoff</span> <span>c 15th day after campaign treasurer appointment (officeholder only)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>c July 15</span> <span><input checked="" type="checkbox"/> 8th day before election</span> <span>c Exceeded \$500 limit</span> <span>c Final Report</span> </div>				
5. PERIOD / COVERED	3/28/2023 THROUGH 4/26/2023				
6. ELECTION	<div style="display: flex; justify-content: space-between;"> <span>Month Day Year</span> </div> <div style="display: flex; justify-content: space-between;"> <span>5/6/2023</span> </div> <div style="display: flex; justify-content: space-between;"> <span>c Primary</span> <span>c Runoff</span> <span><input checked="" type="checkbox"/> General</span> <span>c Special</span> <span>c N/A</span> </div>				
7. OFFICE-HOLDER	CONTRIBUTION TOTALS		1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
			2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
	EXPENDITURE TOTALS		3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
			4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS		5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 1,380.00
			6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 29,824.00
	EXPENDITURE TOTALS		7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 2,438.09
			8. TOTAL POLITICAL EXPENDITURES		\$ 31637.00
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD			\$ 0.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>10. AFFIDAVIT</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%;"> <p>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.</p> <p style="text-align: center;">***ELECTRONICALLY CERTIFIED***</p> <p style="text-align: center;">_____ Signature of Candidate or Officeholder</p> </div> </div> <div style="margin-top: 20px;"> <p>Sworn to and subscribed before me, by the said <u>Omar Narvaez</u>, this the <u>28th</u> day of <u>April</u>, 20 <u>23</u>, to certify which, witness my hand and seal of office.</p> </div>					
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>					

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Khan ----- 6 Contributor address; City; State; Zip Code P.O. Box 836675 Richardson, TX 75083	7 Amount of contribution (\$) 2000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Real Estate Council PAC ----- Contributor address; City; State; Zip Code 3100 McKinnon Suite 1150 Dallas, TX 75201	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Griggs ----- Contributor address; City; State; Zip Code 6440 N central expressway Suite 515Dallas, TX 75206	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Mecklenburg ----- Contributor address; City; State; Zip Code 801 Holden Garland, TX 75044	Amount of contribution (\$) 200.00
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.		

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Levy ..... 6 Contributor address; City; State; Zip Code 5 Vista Lane Glenhead, NY 11545	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Dodge Carter ..... Contributor address; City; State; Zip Code 3525 University Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Schubert ..... Contributor address; City; State; Zip Code 4560 Lorraine Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston Hill LLC ..... Contributor address; City; State; Zip Code 73 Talmadge New Canaan, CT 06840	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3 of 15
<b>2</b> FILER NAME Omar Narvaez		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/12/2023  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke Armbrister ..... <b>6</b> Contributor address; City; State; Zip Code 4045 Bryn Mawr Dallas, TX 75225	<b>7</b> Amount of contribution (\$) 150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/10/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Bancroft ..... Contributor address; City; State; Zip Code 2598 Middleton Frisco, TX 75033	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Mullikin ..... Contributor address; City; State; Zip Code 3412 Harvard Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brulinda Torres ..... Contributor address; City; State; Zip Code 11450 Saint Michaels Dallas, TX 75230	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy McClain ..... 6 Contributor address; City; State; Zip Code 3819 Maple Dallas, TX 75219	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyntia Silverthorn ..... Contributor address; City; State; Zip Code 2415 Grandview Richardson, TX 75080	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Rae ..... Contributor address; City; State; Zip Code 4512 Lorraine Dallas, TX 75225	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Munding ..... Contributor address; City; State; Zip Code 3413 Munding Dallas, TX 75225	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart & Shirley Crow ..... 6 Contributor address; City; State; Zip Code 6310 Mercedes Dallas, TX 75214	7 Amount of contribution (\$) 2000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itzel & Robert Crow ..... Contributor address; City; State; Zip Code 4612 Watauga Dallas, TX 75209	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Wilson ..... Contributor address; City; State; Zip Code 3176 Darvany Dallas, TX 75220	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black American Futures PAC ..... Contributor address; City; State; Zip Code 2647 White oak Decatur, GA 30032	Amount of contribution (\$) 250.00
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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 6 of 15
<b>2</b> FILER NAME Omar Narvaez		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/2023  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Martinez ..... <b>6</b> Contributor address; City; State; Zip Code 4227 Blackheath Dallas, TX 75227	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/31/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Chou ..... Contributor address; City; State; Zip Code 4200 Scotland 402 Houston, TX 77007	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Philp ..... Contributor address; City; State; Zip Code 6906 Victoria Dallas, TX 75209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Brower ..... Contributor address; City; State; Zip Code 7515 Linwood Dallas, TX 75209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Medrano ..... 6 Contributor address; City; State; Zip Code 2331 Douglas Dallas, TX 75219	7 Amount of contribution (\$) 27.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erik Servellon ..... Contributor address; City; State; Zip Code 5225 S 21st Omaha, NE 68107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliu Hinojosa ..... Contributor address; City; State; Zip Code 2300 Wolf Street Unit 11C Dallas, TX 75201	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leobardo Trevino ..... Contributor address; City; State; Zip Code 1111 W Mockingbird Ln 1111 Dallas, TX 75247	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Johnson ..... 6 Contributor address; City; State; Zip Code 3441 Golfing Green Drive Farmers Branch, TX 75234	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolores Serroka ..... Contributor address; City; State; Zip Code 4822 Swiss Avenue Dallas, TX 75204	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshawn Wilks ..... Contributor address; City; State; Zip Code 824 Penn Pl Cedar Hill, TX 75104	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Howard ..... Contributor address; City; State; Zip Code 4116 Plum Leaf Ct Dallas, TX 75212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra De La Cruz ..... 6 Contributor address; City; State; Zip Code 3917 Van Ness Ln Dallas, TX 75220	7 Amount of contribution (\$) 27.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candace Valenzuela ..... Contributor address; City; State; Zip Code 3925 Saint Christopher Ln Dallas, TX 75287	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Stanton ..... Contributor address; City; State; Zip Code 6125 Luther Lane 250 Dallas, TX 75225	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas Bellafatto ..... Contributor address; City; State; Zip Code 274 Redwood Shores Parkway 131 Redwood City, CA 94065	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
10 of 15

**2** FILER NAME

Omar Narvaez

**3** Filer ID (Ethics Commission Filers)

**4** Date

04/17/2023

Campaign  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nicholas Rodriguez

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

1110 Claude Street

City;

Dallas, TX 75203

State; Zip Code

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

04/17/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Huey Rey Fischer

Amount of contribution (\$)

50.00

Contributor address;

1130 E Quincy

City;

San Antonio, TX 78212

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Elva Lewis

Amount of contribution (\$)

1000.00

Contributor address;

5447 Mercedes Ave

City;

Dallas, TX 75206

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Holly Bing

Amount of contribution (\$)

1000.00

Contributor address;

1722 Roswell

City;

Dallas, TX 75201

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.

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

### 3 Filer ID (Ethics Commission Filers)

City; State; Zip Code  
Dallas, TX 75201

City; State; Zip Code  
Duncanville, TX 75137

City; Dallas, TX State; TX Zip Code 75207

Revised 8/17/2020

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Lira Bravo ..... 6 Contributor address; City; State; Zip Code 1155 Timplemore Dallas, TX 75218	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/19/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Narey ..... Contributor address; City; State; Zip Code 4188 Wilada Dr Dallas, TX 75220	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Equality South PAC ..... Contributor address; City; State; Zip Code P.O. Box 2943 Oklahoma City, OK 73102	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Graham ..... Contributor address; City; State; Zip Code 140 Park Ave Apt 1908 Oklahoma City, OK 73102	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 15
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023  Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasmine Crockett ..... 6 Contributor address; City; State; Zip Code P.O. Box 227235 Dallas, TX 75222	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cylena Smith ..... Contributor address; City; State; Zip Code 2662 Bonnywood Dallas, TX 75233	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Me Stephney ..... Contributor address; City; State; Zip Code 2629 Wilderness Little Elm, TX 75068	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Glendenning ..... Contributor address; City; State; Zip Code 3401 lee pkwy Suite 504 Dallas, TX 75219	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 14 of 15
<b>2</b> FILER NAME Omar Narvaez		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/26/2023  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Jenkins ..... <b>6</b> Contributor address; City; State; Zip Code 424 Cesar Chavez Dallas, TX 75201	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/15/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsa Cadena ..... Contributor address; City; State; Zip Code 6818 American Way Dallas, TX 75237	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Minnis ..... Contributor address; City; State; Zip Code P.O. Box 140977 Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Palmer ..... Contributor address; City; State; Zip Code 911 N Madison Dallas, TX 75208	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 15 of 15
<b>2</b> FILER NAME Omar Narvaez		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/11/2023  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CWA PAC ..... <b>6</b> Contributor address; City; State; Zip Code 501 3rd St NW Washington, DC 20001	<b>7</b> Amount of contribution (\$) 1250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/04/2023  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victory Fund PAC ..... Contributor address; City; State; Zip Code 1225 I Street NW Dallas, TX 20005	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 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#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/15/2023 Campaign Contribution	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Byron LaMasters ..... 7 Contributor address; City; State; Zip Code 4 NE 10th Suite 260 Oklahoma City, OK 73103	8 Amount of Contribution \$ 500.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Consulting
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of Contribution \$  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 9	<b>2</b> FILER NAME Omar Narvaez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/2023	<b>5</b> Payee name Jose Rico	
<b>6</b> Amount (\$) 1900.00 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; 1508 Dent Garland, TX 75217 City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Consulting
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Walls Printing	
Amount (\$) 509.45 Campaign Funds for Campaign Expenditures	Payee address; 9171 King Arthur Dallas, TX 75247 City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	<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 04/03/2023	Payee name K&R	
Amount (\$) 1800.00 Campaign Funds for Campaign Expenditures	Payee address; 3915 Main Dallas, TX 75226 City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	<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

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 9	<b>2</b> FILER NAME Omar Narvaez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/03/2023	<b>5</b> Payee name Walls Printing	
<b>6</b> Amount (\$) 1968.30 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; 9171 King Arthur      Dallas, TX 75247 City;      State;      Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Printing
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04/03/2023	Payee name Mail House	
Amount (\$) 3312.29 Campaign Funds for Campaign Expenditures	Payee address; 2276 Vantage      Dallas, TX 75207 City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising expense
	<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 04/05/2023	Payee name K&R	
Amount (\$) 405.94 Campaign Funds for Campaign Expenditures	Payee address; 3915 Main      Dallas, TX 75226 City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing expense
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 9	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023	5 Payee name Jose Rico	
6 Amount (\$) 2680.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 1508 Dent Garland, TX 75217	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(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 04/17/2023	Payee name Seafood shack mariscos	
Amount (\$) 79.77 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3701 W northwest hwy Dallas, TX 75220	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description 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
Date 04/17/2023	Payee name K & R	
Amount (\$) 2056.75 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3915 Main Dallas, TX 75226	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	<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

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 9	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Payee name Rob Rojas	
6 Amount (\$) 1294.98 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 3915 Main Dallas, TX 75226	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising expense
	(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 04/21/2023	Payee name Walls Printing	
Amount (\$) 1968.30 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	<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 04/24/2023	Payee name Tacos Milagro	
Amount (\$) 113.85 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 440 Singelton Dallas, TX 75212	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description 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

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 9	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Payee name Jose Rico	
6 Amount (\$) 2020.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 1508 Dent Garland, TX 75042	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(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 04/24/2023	Payee name In Focus Campaigns	
Amount (\$) 3850.54 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 4 NE 10th Suite 260 Oklahoma City, OK 73103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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 04/21/2023	Payee name Javier Olivarez	
Amount (\$) 800.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 9749 Kittyhawk Dallas, TX 75217	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 6 of 9	<b>2</b> FILER NAME Omar Narvaez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2023	<b>5</b> Payee name Ofelia Vargas	
<b>6</b> Amount (\$) 445.50 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; City; State; Zip Code 3806 Palacios Dallas, TX 75212	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) GOTV	<b>(b)</b> Description GOTV
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/25/2023	Payee name Sylvia Rodriguez	
Amount (\$) 445.50 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3806 Palacios Dallas, TX 75212	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) GOTV	Description GOTV
	<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 03/28/2023	Payee name Act Blue	
Amount (\$) 118.86 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 366 Summer Sommerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 9	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Payee name Act Blue	
6 Amount (\$) 87.64 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 366 Summer Sommerville, MA 02144	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 04/11/2023	Payee name Act Blue	
Amount (\$) 142.75 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 366 Summer Sommerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<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 04/18/2023	Payee name Act Blue	
Amount (\$) 201.23 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 366 Summer Sommerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<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

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 9	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Payee name Act Blue	
6 Amount (\$) 38.84 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 366 Summer Sommerville, MA 02144	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 04/16/2023	Payee name Dallas West Church of Christ	
Amount (\$) 100.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3510 Hampton Dallas, TX 75212	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Donation
	<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 04/12/2023	Payee name Dallas Voice	
Amount (\$) 1358.42 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 1325 Market Center #240Dallas, TX 75207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 9	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2023	5 Payee name EcoLatino Community Radio	
6 Amount (\$) 1500.00 Campaign Funds for Campaign Expenditures	7 Payee address; 3606 S Tyler ST      Dallas, TX 75224 City;      State;      Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(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	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
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