Supplement Officeholder	al Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Jaime	Total Pages Filed: 10	
	NICKNAME	LAST SUFFIX Resendez	3. Office Held Council District 5	i
4. SUPPLEMENTAL REPORT TYPE	c January 15	🗶 30th day before election c Runoff	c 15th day after camp treasurer appointmer (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		1/1/2023 тнгоисн 3/27/2023		
6. ELECTION	Month Day Year			
	5/6/2023	c Primary c Runoff $oldsymbol{X}$ (General c Spe	icial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LI PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS	•	\$0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO.	ANS)	\$ 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 ITEMIZED		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 6,255.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS U	JNLESS ITEMIZED	\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$7,880.29
9. OFFICEHOLDER FUN FOR CAMPAIGN PURF		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$ 0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perju is true and correct and includes all inforr me under Title 15, Election code.		
		ELECTRONICALLY CE	ERTIFIED	
AFFIX NOTARY STAN	1P / SEAL ABOVE	Signature of Candidate or	Officeholder	
Sworn to and subscribed I	before me, by the said	e Resendez	this the	day
of April , 20	23, to certify which,	, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer add	ministaring oath

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 4
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Jaime Resendez				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
01/27/2023	Larry Offutt			200.00
Campaign Contribution	6 Contributor address; 6038 Bryan Pkwy	City; Dallas,	State; Zip Code TX 75206	
8 Principal occ	upation / Job title (See Instructions)		Steak N Shake 9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/05/2023	Josh Reyna			250.00
Campaign Contribution	Contributor address; 2921 Zach Scott St	City; Austin,	State; Zip Code , TX 78723	
Attorney Principal occu	pation / Job title (See Instructions)		n/a Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/08/2023	Andres Correa			1000.00
Campaign Contribution	Contributor address; 2100 Ross Ave Suite 2700	City; Dallas,	State; Zip Code TX 75201	
Attorney Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions
i iliopai occo	pation / 305 title (Gee matriculons)		Employer (Gee marde	uons)
Date 02/04/2023	Full name of contributor Lisa Mesa-Rogers	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 111 N/a	City; Dallas,	State; Zip Code TX 11111	
			Anita N. Martinez	Ballet Folklorico
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

ine	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 2 of 4
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Jaime Resendez				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
02/18/2023	Fabian Sanchez			50.00
Campaign Contribution	6 Contributor address; 6203 Elam Rd	City; Dallas,	State; Zip Code , TX 75217	
8 Principal occu	pation / Job title (See Instructions)		n/a 9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/20/2023	Dan Micciche			1000.00
Campaign Contribution	Contributor address; 1140 Bally Mote Dr	City;	State; Zip Code , TX 75218	
Attorney Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/22/2023	Brenda Vallejo			5.00
Campaign Contribution	Contributor address; 1367 Cy Blackburn Circle	City;	State; Zip Code , TX 75217	
Principal occup	pation / Job title (See Instructions)		n/a Employer (See Instruc	tions)
Date 02/23/2023	Full name of contributor Brian McGahan	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 3218 Urban Ave	City; Dallas,	State: Zip Code , TX 75227	
	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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

O2/24/2023 Campaign Contribution 6 Contribution 8 Principal occupation / Date Full O3/21/2023 Campaign Contribution Consultant	I name of contributor ector Flores Intributor address; Intributor address; Intributor address; Intributor address; I name of contributor	City; Duncar	State; Zip Code nville, TX 75137 9 Employer (See Instruc	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100.00
4 Date 5 Ful 102/24/2023 Ho 102/24/2023 Ho 102/24/2023 Ho 102/24/2023 Ho 102/24/2023 Event 102/24/2023 Eve	an Fetter cector Flores contributor address; 30 Tracy Ave Job title (See Instructions)	City; Duncar	State; Zip Code nville, TX 75137 9 Employer (See Instruc	100.00 tions)
02/24/2023 Ho Campaign Contribution 6 Con 8 Principal occupation / Date Ful 03/21/2023 Ex Campaign Contribution 12 Consultant	an Fetter cector Flores contributor address; 30 Tracy Ave Job title (See Instructions)	City; Duncar	State; Zip Code nville, TX 75137 9 Employer (See Instruc	100.00 tions)
Campaign Contribution 6 Contribution 8 Principal occupation / Date Full 03/21/2023 Events Campaign Contribution 12 Consultant	Intributor address; 30 Tracy Ave Job title (See Instructions) I name of contributor van Fetter htributor address;	Duncar	9 Employer (See Instruc	tions)
Contribution 10 8 Principal occupation / Date Full 03/21/2023 Ev Campaign Contribution 12 Consultant	Job title (See Instructions) I name of contributor van Fetter ntributor address;	Duncar	9 Employer (See Instruc	
Date Ful 03/21/2023 Ev Campaign Co Contribution 12 Consultant	I name of contributor van Fetter ntributor address;	out-of-state PAC		
03/21/2023 Ev Campaign Contribution 12 Consultant	van Fetter ntributor address;	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Campaign Co Contribution 12 Consultant	ntributor address;			, or continuation (¢)
Contribution 12 Consultant	· ·			1000.00
	900 Preston Rd	City; Dallas,	State; Zip Code TX 75230	
Principal occupation / .	ob title (See Instructions)		Employer (See Instruct	tions)
Date Ful	name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/01/2023 Ac	ccess Buckner			1000.00
	ntributor address; 04 N Interstate 35E	City;	State; Zip Code ter, TX 75134	
Principal occupation / 、	lob title (See Instructions)		Employer (See Instruc	tions)
	I name of contributor te Schenkel	out-of-state PAC	(ID#:)	Amount of contribution (\$) 500.00
Campaign Co Contribution 61	ntributor address; 4 N Bishop Suite 3		State: Zip Code TX 75206	
Director				
Principal occupation / 、	lob title (See Instructions)		Employer (See Instruc	tions)

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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	s form.	1 Total pages Schedule A1: 4 of 4
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jaime Resendez			
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/21/2023	Joan Walne		500.00
Campaign Contribution	6 Contributor address; City; 10020 Caribou Trail Dallas	State; Zip Code s, TX 75238	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
03/25/2023	Pete Schenkel		300.00
Campaign Contribution	Contributor address; City;	State; Zip Code s, TX 75206	
Director			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
03/27/2023	TREPAC		0.00
Campaign Contribution	Contributor address; City;	State; Zip Code a, TX 78701	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 1 of 5	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/10/2023	El Padrino		
6 Amount (\$) 55.86 Campaign Funds for Campaign Expenditures	7 Payee address; 1215 S Buckner Blvd Dallas, TX 75217	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/17/2023	Go Daddy		
Amount (\$) 180.93	Payee address; 14455 N Hayden Rd Suite 219	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	Scottsdale , AR 85260	5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Website	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/17/2023	USPS		
Amount (\$) 182.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	350 S BUCKNER BLVIDallas, TX 75217		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	PO Box	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	SCHEDULE AS NEE	EDED

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

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 categor	y not listed above)
1 Total pages Schedule F1: 2 of 5	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
01/03/2023	Casa Rosa			
6 Amount (\$) 92.45	7 Payee address; 5622 Lemmon Ave Dallas, TX 75209	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
01/31/2023	The Order Desk			
Amount (\$) 675.39	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	9840 Monroe Dr Suite 1@allas, TX 75220			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
01/31/2023	Democracy Toolbox			
Amount (\$) 1000.00	Payee address; 8552 Royal County DowMDKinney, TX 75070	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	6552 Royal County DownDarliney, 12 75070			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Manager		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	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	DED	

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Caror (Sinor a satisgo	,
1 Total pages Schedule F1: 3 of 5	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
02/10/2023	Go Daddy			
6 Amount (\$) 204.54 Campaign Funds for Campaign Expenditures	7 Payee address; 14455 N Hayden Rd Scottsdale , AR 85260	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/27/2023	Reilly Echols Printing			
Amount (\$) 831.36 Campaign Funds for Campaign Expenditures	Payee address; 1710 S Harwood St Dallas, TX 75215	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Mailer		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
02/27/2023	Rogers and Associates Creative Productions			
Amount (\$) 2000.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	3709 Pomeroy Dr Dallas, TX 75233			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Phone Bank		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	SCHEDULE AS NEE	EDED	

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	, ,	,
1 Total pages Schedule F1: 4 of 5	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
03/16/2023	Democracy Toolbox			
6 Amount (\$) 2000.00 Campaign Funds for Campaign Expenditures	7 Payee address; 8552 Royal County Dow MDK inney, TX 75070	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Manager		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/20/2023	Go Daddy			
Amount (\$) 89.42 Campaign Funds for	Payee address; 14455 N Hayden Rd Scottsdale , AR 85260	City;	State;	Zip Code
Campaign Expenditures		1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/18/2023	Texas Democratic Party			
Amount (\$) 515.00 Campaign Funds for	Payee address; P.O. Box 15707 Austin, TX 78761	City;	State;	Zip Code
Campaign Expenditures				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description VAN		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	SCHEDULE AS NEE	EDED	

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5 of 5	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics Commission	Filers)
4 Date	5 Payee name			
03/27/2023	7-Eleven			
6 Amount (\$) 53.34 Campaign Funds for Campaign Expenditures	7 Payee address; 7037 Lake June Dallas, TX 75217	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Travel In District	Gas		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, 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	SCHEDULE AS NEE	EDED	