City Secretary's Office

Supplement Officeholder	tal Report			FOR Cover She	RMSR eet SR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Omar	МІ	2. Total Pages Filed: 8	
	NICKNAME	_{LAST} Narvaez	SUFFIX	3. Office Held	
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day be	efore election c Runoff	c 15th day after camp treasurer appointme (officeholder only)	
	X July 15	C 8th day bef	ore election	500 c Final Report	
5. PERIOD / COVERED		4/27/2	023 THROUGH 6/30/202	23	
6. ELECTION	Month Day Year				
		c Prima	ary c Runoff	X General c Spe	ecial c N/A
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		\$ 0.00	
	2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA		OF LOANS)	\$0.00	
	EXPENDITURE	3. TOTAL OFFICEH	OLDER EXPENDITURES OF \$100	OR LESS, UNLESS ITEMIZED	\$ 0.00
	TOTALS	4. TOTAL OFFICEH	OLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR NATEES OF LOANS), UNLESS ITE		\$ 0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$4,600.0		\$ 4,600.00	
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED \$		\$8,873.56	
		8. TOTAL POLITICAL EXPENDITURES \$342		\$ 34281.67	
9. OFFICEHOLDER FUN FOR CAMPAIGN PUR			AMOUNT OF OFFICEHOLDER CO		\$ 0.00
10. AFFIDAVIT		is true	r, or affirm, under penalty of and correct and includes all ler Title 15, Election code.		
ELECTRONICALLY CERTIFIED AFFIX NOTARY STAMP / SEAL ABOVE					
Signature of Candidate or Officeholder					
Sworn to and subscribed	before me, by the said Oma	ar Narvaez		, this the 17th	day
of July , 2	0_23, to certify which	n, witness my hand a	nd seal of office.		
Signature of officer ad	lministering oath	Printed name of office	cer administering oath	Title of officer ad	ministering oath

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: 1 of 2
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/27/2023	Angela Hunt	100.00
Campaign Contribution	6 Contributor address; City; State 6811 Antrim Dallas, TX 75	; Zip Code 218
8 Principal occu	pation / Job title (See Instructions) 9 En	pployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/28/2023	Roy Choi	1000.00
Campaign Contribution	Contributor address; City; State 5909 Luther Lane Suite 1000 Dallas, TX 75	
Principal occup	pation / Job title (See Instructions)	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
05/01/2023	Venton Jones	250.00
Campaign Contribution	Contributor address; City; State 707 Vermont Dallas, TX 75	; Zip Code 216
Principal occu	pation / Job title (See Instructions)	aployer (See Instructions)
Date 05/01/2023	Full name of contributor	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; State 2926 Lovers Lane Dallas, TX 75	Zip Code 225
Principal occu	pation / Job title (See Instructions)	oployer (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

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 2
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
05/06/2023	Me Stephaney	1000.00
Campaign Contribution	6 Contributor address; City; State 2629 Wilderness Little Elm, TX	·
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
05/08/2023	Jeff Carey	1000.00
Campaign Contribution	Contributor address; City; State 300 E. Round Groves Suite 621 Dallas, TX 75	e; Zip Code
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
06/11/2023	Angela Medrano	250.00
Campaign Contribution	Contributor address; City; State 2331 Douglas Dallas, TX 75	; Zip Code 219
Principal occup	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code
Principal occup	pation / Job title (See Instructions)	nployer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 1 of 5	2 FILER NAME Omar Narvaez		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/30/2023	Mail House			
6 Amount (\$) 4312.29 Campaign Funds for Campaign Expenditures	7 Payee address; 2276 Vantage Dallas, TX 75207	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Postage	Postage		
	(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			
05/01/2023	KPW Enterprises			
Amount (\$) 2171.80 Campaign Funds for	Payee address; 9171 King Arthur Dallas, TX 75247	City;	State;	Zip Code
Campaign Expenditures	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Printing Expense	Printing		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Chock if Austi	n, TX, officeholder living	ovnence
Commists ONLY if direct	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH		Cinice sought		Onide Held
Date	Payee name			
05/01/2023	Lowe's			
Amount (\$) 98.95	Payee address; 1710 Chalk Hill Dallas, TX 75212	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures		,		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Polling Expense	Polling expense		
	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

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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/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 5	2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/02/2023	Mail House		
6 Amount (\$) 2635.07 Campaign Funds for	7 Payee address; 2276 Vantage Dallas, TX 75207	City;	State; Zip Code
Campaign Expenditures		Ta	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Postage	Postage	
EXPENDITURE			
	(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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/02/2023	Javier Olivares		
Amount (\$) 800.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	9749 Kittyhawk Dallas, TX 75217		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting	
	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		
05/02/2023	Jose Rico		
Amount (\$) 800.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	1508 Dent Garland75042, TX 75042		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting	
	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
	ATTA OLI ADDITIONAL CODITO CTTIVO	001150111 5 4 0 1 1 5	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	בטבט

SCHEDULE F1

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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 d	complete this form.		
1 Total pages Schedule F1: 3 of 5	2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers	3)
4 Date	5 Payee name			
05/04/2023	Blue Guardian Foundation			
6 Amount (\$) 90.00 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 224452 Dallas, TX 75222	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation		
	(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			
05/08/2023	Sonya Tubbs			
Amount (\$) 500.00	Payee address; 2022 Morris Dallas, TX 75212	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Event expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			
06/20/2023	Jose Rico			
Amount (\$) 2500.00 Campaign Funds for Campaign Expenditures	Payee address; 1508 Dent Garland, TX 75247	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting		
	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

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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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above complete this form.	*)
1 Total pages Schedule F1: 4 of 5	2 FILER NAME Omar Narvaez	3 Filer ID (Ethics Commission Fi	lers)
4 Date 06/15/2023	5 Payee name Javier Olivares	I I	
6 Amount (\$) 1500.00 Campaign Funds for Campaign Expenditures	7 Payee address; 9749 Kittyhawk Dallas, TX 75217	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
06/01/2023	Tina Shone		
Amount (\$) 6500.00 Campaign Funds for Campaign Expenditures	Payee address; 3671 Crowberry Euless, TX 76040	City; State; Zip Code	
Campaign Expenditures	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting	
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
06/12/2023	Jesse Vallejo		
Amount (\$) 3000.00 Campaign Funds for Campaign Expenditures	Payee address; 411 W commerce Dallas, TX 75208	City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan repayment	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

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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 d	complete this form.		
1 Total pages Schedule F1: 5 of 5	2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Comm	ission Filers)
4 Date	5 Payee name			
06/02/2023	Stonewall Democrats of Dallas			
6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 192305 Dallas, TX 75210	City;	State; Zip	Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	e
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	n, TX, officeholder living expense	÷
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	÷
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	