Supplement Officeholder	al Report		FOR Cover She	MSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Omar F	2. Total Pages Filed: 4	
	NICKNAME	LAST SUFFIX Narvaez	3. Office Held Councilmember	
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff	c 15th day after campaign treasurer appointment (officeholder only)	
	X July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		1/15/2024 THROUGH 6/30/2024		
6. ELECTION Month Day Year				
		c Primary c Runoff c C	General c Spec	cial 🛚 🔏 N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00
		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
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 14,150.00
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD \$ 250.00		\$250.00
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 STAMP / SEAL ABOVESignature of Candida			Officeholder	
Sworn to and subscribed b	pefore me, by the said Oma	r F Narvaez	this the15th	day
of July , 20	o_24, to certify which,	witness my hand and seal of office.		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of officer adn	ninistering oath

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

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 o	complete this form.	outer (enter a satisge	.,
1 Total pages Schedule F1:	2 FILER NAME Omar F Narvaez	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
01/16/2024	Stonewall Democrats of Dallas			
6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 102305 Dallas, TX 75216	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 Austin, TX, officeholder living expense			expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ought Office held	
Date	Payee name			
01/30/2024	Venton Joness Campagin			
Amount (\$) 100.00 Campaign Funds for Campaign Expenditures	Payee address; 1075 Griffin Dallas, TX 77521	City;	State;	Zip Code
1 0 1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Candidate / Officeholder name Office sought Office held		
Date	Payee name			
01/30/2024	Julie Johnson for TexSA			
Amount (\$)	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	P.O. Box 803765 Dallas, TX 75380	5.00,		Δ,ρ σ σ σ σ
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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	DED	

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

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.	Caror (criter a categor)	,
1 Total pages Schedule F1: 2 of 3	2 FILER NAME Omar F Narvaez	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
01/30/2024	Victoria Neave Criado for Texas Senate			
6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 473773 Garland, TX 75407	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.	neck 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	Office sought	ought Office held	
Date	Payee name			
01/30/2024	Collin Allred for US Senate			
Amount (\$) 250.00 Officeholder Funds for	Payee address; P.O. Box 601631 Dallas, TX 75630	City;	State;	Zip Code
Campaign Expenditures	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donationqqqq		
	Check if travel outside of Texas. Complete Schedule T.	omplete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
02/15/2024	Kate Rumsey for Texqs			
Amount (\$) 500.00	Payee address; P.O. Box 1785 Coppel, TX 75019	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1.0. вох 1703 — Сорреі, 12 73017			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Credit Card Payment	Donation		
	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/OH	Candidate / Officeholder name	Office sought Council District 5		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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: 3 of 3	2 FILER NAME Omar F Narvaez	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
06/17/2024	NALEO					
6 Amount (\$) 300.00 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 1000 Corporate, CA 91754	City;	State;	Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Legal Services	Donation				
	(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	Office sought		Office held		
Date	Payee name					
06/30/2024	Omar F Narvaez					
Amount (\$) 6000.00	Payee address; 411 Broadway Suite 532Dallas, 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	Loan Repayment/Reimbursement	Loan payment				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expen		expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
06/30/2024	Omar F Narvaez					
Amount (\$) 6000.00	Payee address; 411 Broadway Suite 532Dallas, TX 75212	City;	State;	Zip Code		
Campaign Funds for Campaign Expenditures	111 Bloddwd, Baile 35 Ballas, 111 75212					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan payment				
LA LABITORE	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			