City Secretary's Office

Signature of officer administering oath

Supplement Officeholder	al Report		FOR Cover She	MSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Jaime	2. Total Pages Filed: 9	
	NICKNAME	LAST SUFFIX Resendez	3. Office Held Council District 5	
4. SUPPLEMENTAL REPORT TYPE	☆ January 15	c 30th day before election c Runoff	c 15th day after campa treasurer appointmen (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		7/1/2022 THROUGH 12/31/2022		
6. ELECTION	Month Day Year 5/6/2023	c Primary c Runoff $oldsymbol{X}$ (General c Spec	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. 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		
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	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)	\$5,000.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS U	INLESS ITEMIZED	\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$2,956.01
9. OFFICEHOLDER FUNI FOR CAMPAIGN PURP		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIB CAMPAIGN EXPEND TURES DURING THE REPORTING PER		\$0.00
10. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code. ***ELECTRONICALLY CERTIFIED*** AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder				
Sworn to and subscribed b	Sworn to and subscribed before me, by the said			
	January 22			

Printed name of officer administering oath

(214)670-3738

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 Jaime Resendez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/23/2022	Jeff Carey		1000.00
Campaign Contribution	6 Contributor address; City; 300 East Round Grove Rd Suite 621 Lewisv	State; Zip Code ille, TX 75067	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/31/2022	Ray Hunt		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Hunt Consolidated Employer (See Instruct	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/12/2022	Gilbert Aranza		1000.00
Campaign Contribution	Contributor address: Citv:	State; Zip Code TX 75360	
		Star Concessions L	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/12/2022	Full name of contributor out-of-state PAC Roselind Etheridge	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; P.O. Box 601527 Dallas,	State; Zip Code TX 75360	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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 Jaime Resendez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/12/2022	Anthony Aranza		1000.00
Campaign Contribution	6 Contributor address; City; 1507 Stonehedge Bend Dr. Houston	State; Zip Code on, TX 77073	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 6	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics Commission F	ilers)
4 Date	5 Payee name			
07/11/2022	Stonewall Democrats			
6 Amount (\$) 250.00 Campaign Funds for Campaign Expenditures	7 Payee address; P.O. Box 192305 Dallas, TX 75219	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Membership Fee		
	(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			
07/29/2022	Molcajetes			
Amount (\$) 38.46	Payee address; 2306 S Buckner Dallas, TX 75217	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures		D : #		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting		
	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			
08/15/2022	Griffs Dallas			
Amount (\$) 113.34	Payee address; 1150 S Buckner Blvd Dallas, TX 75217	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	1130 S Bucklief Blvu Dalias, 1A /321/			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food/Beverage Expense	Event Food		
OF EXPENDITURE				
	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/OF	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: 2 of 6	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee name			
08/15/2022	Morelias			
6 Amount (\$) 67.02 Campaign Funds for Campaign Expenditures	7 Payee address; 1034 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	n, TX, officeholder living ex	kpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
08/26/2022	MABA			
Amount (\$) 321.52	Payee address; 2101 Ross Ave Dallas, TX 75201	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	Gala		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
08/26/2022	Qtego Fundraising			
Amount (\$) 200.00	Payee address; 5816 W 74th St Indianapolis, IN 46278	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	manupole, il 10270			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Fundraiser		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	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/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 e	complete this form.	Other (enter a categor	y flot listed above)
1 Total pages Schedule F1: 3 of 6	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/03/2022	Torres for Judge			
6 Amount (\$) 104.15 Campaign Funds for	7 Payee address; 1910 Pacific Ave Suite 5070 Dallas, TX 75201	City;	State;	Zip Code
Campaign Expenditures	Danas, 17/3201			
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	Contribution		
	(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			
09/21/2022	Molcajetes			
Amount (\$) 62.10	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2306 S Buckner Blvd Dallas, TX 75217			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	meeting		
	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			
09/28/2022	Dallas County Democratic Party			
Amount (\$) 150.00	Payee address; 1414 N Washington AveDallas, TX 75204	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	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 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	DED	

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 o	complete this form.	Garor (ornor a satego	.yot.iota abovo,
1 Total pages Schedule F1: 4 of 6	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		<u> </u>	
10/01/2022	Tom Thumb			
6 Amount (\$) 298.06	7 Payee address; 2720 Live Oak Dallas, TX 75204	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	Event Expense	Event Food		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			
12/05/2022	MABA			
Amount (\$) 250.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2101 Ross Ave Dallas, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Membership Fee		
	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			
12/06/2022	G. U.D.			
12/06/2022 Amount (\$) 200.00	Stonewall Democrats Payee address;	City;	State;	Zip Code
200.00	P.O. Box 192305 Dallas, TX 75219	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 Tickets		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	ł			
	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/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 category not listed above)
1 Total pages Schedule F1: 5 of 6	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/05/2022	Texas Organizing Project		
6 Amount (\$) 250.00	7 Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	400 S Zang Blvd Suite 1025 Dallas, TX 75208		
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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/26/2022	Victoria Neave Campaign		
Amount (\$) 250.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	P.O. Box 472773 Garland , TX 75047		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Contribution	
	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		
12/12/2022	Chris Hollin Campaign		
Amount (\$) 250.00	Payee address; P.O. Box 56386 Houston, TX 77256	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	Total Social Housing, TX 77250		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Contribution	
	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
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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	complete this form.		
1 Total pages Schedule F1: 6 of 6	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		L	
12/16/2022	Tupinamba Cafe			
6 Amount (\$) 29.52 Campaign Funds for Campaign Expenditures	7 Payee address; 9665 N Central Expy Dallas, TX 75231	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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/31/2022	Casa Rosa			
Amount (\$) 92.45 Campaign Funds for	Payee address; 5622 Lemmon Ave Dallas, TX 75209	City;	State;	Zip Code
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting		
	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			
08/29/2022	PayPal			
Amount (\$) 29.39	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2211 North First St San Jose, CA 95131			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fees	Processing Fee		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	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	