City Secretary's Office

Supplemen Officeholde	tal Report r			FOR Cover She	et SR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Jaime	МІ	2. Total Pages Filed: 6	
	NICKNAME	LAST Resendez	SUFFIX	3. Office Held City Council Dist	rict 5
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff c 15th day after campaign treasurer appointment (officeholder only)			
	☆ July 15	c 8th day bef	ore election c Exceeded limit	\$500 c Final Report	
5. PERIOD / COVERED	1/1/2020 тнгоидн 6/30/2020				
6. ELECTION	Month Day Year				
	5/4/2019	5/4/2019 c Primary c Runoff c General c Special $\stackrel{\checkmark}{\mbox{\backslash}}$ N/A			
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS TEMIZED		\$0.00	
				S OF LOANS)	\$ 0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00		\$0.00	
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES \$ 0.00			\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS			·	\$ 0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		ŝ 150.00	
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00	
		8. TOTAL POLITICAL EXPENDITURES \$ 1,1		\$1,160.72	
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AVOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR \$0.00 CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$ 0.00	
10. AFFIDAVIT		is true a		of perjury, that the accompai Il information required to be i	
AFFLY NOTABY STA	AMD / SEAL ADOVE		***ELECTRONICAL	LY CERTIFIED***	
AFFIX NOTARY STAMP / SEAL ABOVE			date or Officeholder		
Sworn to and subscribed	before me, by the said Mr	Jaime Resendez		, this the 15th	day
	20, to certify which		nd seal of office.		
Signature of officer ac	dministering oath	Printed name of office	cer administering oath	Title of officer ad	ministering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 1 of 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Jaime Resence	lez		
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
05/08/2020	Mr Larry Offutt n/a		150.00
Campaign		te; Zip Code	
Contribution	6038 Bryan Pkwy Dalla	s, TX 75206	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc Steak and Shake	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City; Sta		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City; Stat		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		AC (ID#:)	Amount of contribution (\$)
	Contributor address; City; Sta	te; Zip Code	
Principal occup	pation / 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

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

Candidate/Officeholder/Politica	al 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.		
1 Total pages Schedule F1: 1 of 4	2 FILER NAME Mr Jaime Resendez	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
01/13/2020	Go Daddy			
6 Amount (\$) 312.03	7 Payee address; City; State; Zip Code 14455 Hayden Rd Suite Mo ttsdale, AZ 85260			
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE Advertising Expense		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		website		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held Council District 5 Council District 5		
Date	Payee name			
01/16/2020	USPS			
Amount (\$) 106.00	Payee address; City; State; Zip Code 350 S Buckner Dallas, TX 75217			
Campaign Funds for Campaign Expenditures				
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		P.O. Box		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5		
Date	Payee name			
01/31/2020	Chase Bank			
Amount (\$) 12.00	Payee address; City; State; Zip Code 1838 S Buckner Dallas, TX 75217			
Campaign Funds for Campaign Expenditures	James, 111 /321/			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Fees	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Bank Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		

SCHEDULE F1

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.	care. (c.ne. a category necholog above)
1 Total pages Schedule F1: 2 of 4	•		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2020	5 Payee name Chase Bank	I	
6 Amount (\$) 12.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code Dallas, TX 75217		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date 03/02/2020	Payee name SE Dallas Chamber of Commerce		
Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 802 S. Buckner Dallas, TX 75210		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Scholarship	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date	Payee name		
03/18/2020	Go Daddy		
Amount (\$) 166.04 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 14455 Hayden Rd Suite 1000ttsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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 4	2 FILER NAME Mr Jaime Resendez	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2020	5 Payee name Chase Bank	
6 Amount (\$) 12.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 1838 S Buckner Dallas, TX 75217	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5
Date 04/30/2020	Payee name Chase Bank	
Amount (\$) 12.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 1838 S. Buckner Dallas, TX 75217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jaime Resendez	Office sought Office held Council District 5 Council District 5
Date 05/29/2020	Payee name Chase Bank	
Amount (\$) 12.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 1838 S. Buckner Dallas, TX 75217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct		Office sought Office hold
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

SCHEDULE F1

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.	eale. (elle. a categoly not letter above)
1 Total pages Schedule F1: 4 of 4	2 FILER NAME Mr Jaime Resendez		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2020	5 Payee name Chase Bank	l	
6 Amount (\$) 12.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 1838 S. Buckner Dallas, TX 75217		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date 05/08/2020	Payee name Paypal		
Amount (\$) 4.65 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2211 North First St. San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jaime Resendez	Office sought Council District 5	Office held Council District 5
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , 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	S SCHEDULE AS NEE	EDED