Supplemen Officeholde	tal Report r			FOR Cover She	et SR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	first Jaime	МІ	2. Total Pages Filed: 9	
	NICKNAME	LAST Resendez	SUFFIX	3. Office Held Council District 5	5
4. SUPPLEMENTAL REPORT TYPE	☆ January 15	c 30th day be	fore election c Runoff	c 15th day after camp treasurer appointmen (officeholder only)	
	C July 15	c 8th day befo	ore election c Exceeded \$! limit	500 c Final Report	
5. PERIOD / COVERED		7/1/202	21 тнгоидн 12/31/20	21	
6. ELECTION	Month Day Year				
	5/1/2021	c Prima	ry 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 LOANS)			\$0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00			\$0.00
	TOTALS	4. TOTAL OFFICEH	OLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PI LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		,	\$ 0.00
(Campaign)			AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 6,000.00
	EXPENDITURE TOTALS	7. TOTAL POLITICA	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICA	8. TOTAL POLITICAL EXPENDITURES \$28,03		\$28,030.93
9. OFFICEHOLDER FUI FOR CAMPAIGN PUR			AMOUNT OF OFFICEHOLDER CO		\$ 0.00
10. AFFIDAVIT		is true a	, or affirm, under penalty of and correct and includes all er Title 15, Election code.		
AFFLY NOTABY CTA	AMD / CEAL ADOME		***ELECTRONICALL	Y CERTIFIED***	
AFFIX NOTARY STAMP / SEAL ABOVE ————————————————————————————————————					
Sworn to and subscribed	before me, by the said	ime Resendez		, this the 18th	day
of January , 2	20_ 22 , to certify wh	ich, witness my hand ar	nd seal of office.		
Signature of officer ac	dministering oath	Printed name of office	cer administering oath	Title of officer add	ministering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 1 of 2	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Jaime Resendez				
4 Date 07/09/2021	Mack Pogue	#:)	7 Amount of contribution (\$) 1000.00	
Campaign Contribution	6 Contributor address; City; State; P.O. Box 1920	Zip Code		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)	
Date	Full name of contributor	#:)	Amount of contribution (\$)	
	Contributor address; City; State;			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	#:)	Amount of contribution (\$)	
	Contributor address; City; State;	Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 out-of-state PAC (ID#:) 07/09/2021 Mack Pogue Campaign Contribution P.O. Box 1920 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 1000.00
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	iions)
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS ME	

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 6	2 FILER NAME Jaime Resendez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	,
07/14/2021	Adam Bazaldua Campaign	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 6926 Belteau Ln Dallas, TX 75227	
Campaign Funds for Campaign Expenditures		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Contribution
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	Jaime Resendez	Council District 5 Council District 5
Date	Payee name	
09/09/2021	NLLEO	
Amount (\$) 125.00	Payee address; City; State; Zip Code 3730 Ladd St Dallas, TX 75212	
Campaign Funds for Campaign Expenditures		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		Event
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		Council District 5 Council District 5
Date	Payee name	
07/14/2021	Taylor Adams	
Amount (\$) 650.00	Payee address; City; State; Zip Code	
Campaign Funds for	1013 S Glasgow Suite A Dallas, TX 75223	
Campaign Expenditures		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
LAI LIBITOIL		Consulting
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Jaime Resendez	Council District 5 Council District 5
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS NEEDED
	AT INCHADDITIONAL COPIES OF THE	S SOUTED SEE AS MEEDED

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 Gilt/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.
1 Total pages Schedule F1: 2 of 6	2 FILER NAME Jaime Resendez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
07/14/2021	Anna Casey	
6 Amount (\$) 20000.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 2718 Gladiolus Ln Dallas, TX 75233	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense Consulting
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	Payee name	
07/14/2021	Campaign Workers	
Amount (\$)	Payee address; City; State; Zip Code	
4986.87 Campaign Funds for Campaign Expenditures	1458 Mission Hills Ln Dallas, TX 75217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Workers
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	
07/14/2021	Lee Merritt Campaign	
Amount (\$) 250.00	Payee address; City; State; Zip Code 505 Crystal Falls Drive McKinney, TX 75071	
Campaign Funds for Campaign Expenditures	303 Crystal Pans Drive McKinney, 174 73071	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> 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.	one. (enter a satisfier front lead above)
1 Total pages Schedule F1: 3 of 6	•	-	Filer ID (Ethics Commission Filers)
4 Date 10/21/2021	5 Payee name Elissa Wev Campaign	I	
6 Amount (\$) 250.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 1415 Eastus Dr Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		e of Texas. Complete Schedule T. K, 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 12/31/2021	Payee name		
Amount (\$) 100.00 Campaign Funds for Campaign Expenditures	Cassandra Hernandez Campaign Payee address; City; State; Zip Code P.O. Box 793671 Dallas, TX 75379		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		e of Texas. Complete Schedule T. K, 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
Date	Payee name		
12/13/2021	Perrys Steakhouse		
Amount (\$) 66.21 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2100 Olive St Suite 100 Dallas, TX 75201		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		e of Texas. Complete Schedule T. K, 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 NEEDI	ED

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. (e.le. a calogery necleus assis)
1 Total pages Schedule F1: 4 of 6	2 FILER NAME Jaime Resendez	3	Filer ID (Ethics Commission Filers)
4 Date 12/08/2021	5 Payee name Clay Jenkins Campaign		
6 Amount (\$) 250.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 411 Elm St Dallas, TX 75202		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		de of Texas. Complete Schedule T. 'X, 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 12/05/2021	Payee name		
12/06/2021 Amount (\$) 250.00 Campaign Funds for Campaign Expenditures	Texas Organizing Project Payee address; City; State; Zip Code 400 S Zang Suite 7025 Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		e of Texas. Complete Schedule T. X, 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
Date	Payee name		
Amount (\$) 50.03 Campaign Funds for Campaign Expenditures	Miriam Cocina Payee address; City; State; Zip Code 2015 Woodall Rogers FwDallas, TX 75201		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		le of Texas. Complete Schedule T. X, 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 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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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 setage)

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	l	
11/05/2021	Southeast Chamber		
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 802 South Buckner Blvd Dallas, TX 75217		
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Event Expense		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Event	, 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	Payee name		
10/21/2021	Alexandra Guio Campaign		
Amount (\$) 114.00	Payee address; City; State; Zip Code		
Campaign Funds for Campaign Expenditures	5606 SMU Blvd Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		side 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
Date	Payee name		
12/17/2021	Abel Mulugheta		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1919 Jackson Street Suite 1721		
Campaign Funds for Campaign Expenditures	Dallas, TX 75201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		side 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	DED

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
Others (actions extensions thirted above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 6	2 FILER NAME Jaime Resendez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/29/2021	Morelia Restaurant		
6 Amount (\$) 28.82 Campaign Funds for	7 Payee address; City; State; Zip Code 1034 Buckner Blvd Dallas, TX 75217		
Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense		utside of Texas. Complete Schedule T.
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	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/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)		tside of Texas. Complete Schedule T. , 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	S SCHEDULE AS NEE	EDED