

# Supplemental Report Officeholder

# FORM Cover Sheet SR

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------|
| 1. CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                                                                                                                                                                                                                                                                                  | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST                                                                                                                    | MI     | 2. Total Pages Filed:<br><b>4</b> |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   | Omar                                                                                                                     |        |                                   |
|                                                                                                                                                                                                                                                                                                                                                                         | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                          | LAST                                                                                                                     | SUFFIX | 3. Office Held                    |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   | Narvaez                                                                                                                  |        | Councilmember- District 6         |
| 4. SUPPLEMENTAL<br>REPORT TYPE                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign<br>treasurer appointment<br>(officeholder only)<br><br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500<br>limit <input type="checkbox"/> Final Report |                                                                                                                          |        |                                   |
| 5. PERIOD /<br>COVERED                                                                                                                                                                                                                                                                                                                                                  | 7/1/2019    THROUGH    12/31/2019                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          |        |                                   |
| 6. ELECTION                                                                                                                                                                                                                                                                                                                                                             | Month    Day    Year<br><br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> N/A                                                                                                                                                                                                            |                                                                                                                          |        |                                   |
| 7. OFFICE-<br>HOLDER                                                                                                                                                                                                                                                                                                                                                    | CONTRIBUTION<br>TOTALS                                                                                                                                                                                                                                                                                                                                                                                            | 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED |        | \$0.00                            |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                   |        | \$0.00                            |
|                                                                                                                                                                                                                                                                                                                                                                         | EXPENDITURE<br>TOTALS                                                                                                                                                                                                                                                                                                                                                                                             | 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     |        | \$0.00                            |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   | 4. TOTAL OFFICEHOLDER EXPENDITURES                                                                                       |        | \$0.00                            |
| 8. POLITICAL<br>(Campaign)                                                                                                                                                                                                                                                                                                                                              | CONTRIBUTION<br>TOTALS                                                                                                                                                                                                                                                                                                                                                                                            | 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED    |        | \$0.00                            |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                     |        | \$20.00                           |
|                                                                                                                                                                                                                                                                                                                                                                         | EXPENDITURE<br>TOTALS                                                                                                                                                                                                                                                                                                                                                                                             | 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED                                                         |        | \$1,004.04                        |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   | 8. TOTAL POLITICAL EXPENDITURES                                                                                          |        | \$31109.04                        |
| 9. OFFICEHOLDER FUNDS USED<br>FOR CAMPAIGN PURPOSES                                                                                                                                                                                                                                                                                                                     | 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        | \$0.00                            |
| 10. AFFIDAVIT<br><br>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.<br><br><div style="text-align: center;"> <b>***ELECTRONICALLY CERTIFIED***</b><br/> <hr/>           Signature of Candidate or Officeholder         </div> |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                   |
| Sworn to and subscribed before me, by the said <u>Omar Narvaez</u> , this the <u>15th</u> day of <u>January</u> , 20 <u>20</u> , to certify which, witness my hand and seal of office.                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                   |
| Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
1 of 1

2 FILER NAME

Omar Narvaez

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/2019

Campaign  
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Zahra Darwish Self

6 Contributor address;

City; State; Zip Code

5126 Columbia Avenue

Dallas, TX 75214

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>1 of 2                                     | <b>2</b> FILER NAME<br>Omar Narvaez                                                                                                                                                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                                                 |
| <b>4</b> Date<br>07/24/2019                                                     | <b>5</b> Payee name<br>Casey & Company                                                                                                                                                                                                                  |                                                                                                                                                                                                              |
| <b>6</b> Amount (\$)<br>28000.00<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address; City; State; Zip Code<br>3500 OAK LAWN Suite 500 Dallas, TX 75219                                                                                                                                                               |                                                                                                                                                                                                              |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>Consulting Expense                                                                                                                                                       | <b>(b)</b> Description<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>CONSULTING |
|                                                                                 | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div> |                                                                                                                                                                                                              |
| Date<br><br>07/30/2019                                                          | Payee name<br><br>MALENA TACOS                                                                                                                                                                                                                          |                                                                                                                                                                                                              |
| Amount (\$)<br>105.00<br>Campaign Funds for<br>Campaign Expenditures            | Payee address; City; State; Zip Code<br>3260 IRVING BLVD Dallas, TX 75247                                                                                                                                                                               |                                                                                                                                                                                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                           | Category (See Categories listed at the top of this schedule)<br><br>Food/Beverage Expense                                                                                                                                                               | Description<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>FOOD                  |
|                                                                                 | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div> |                                                                                                                                                                                                              |
| Date<br><br>09/19/2019                                                          | Payee name<br><br>Cara Mia                                                                                                                                                                                                                              |                                                                                                                                                                                                              |
| Amount (\$)<br>1500.00<br>Campaign Funds for<br>Campaign Expenditures           | Payee address; City; State; Zip Code<br>3630 Harry Hines Dallas, TX 75219                                                                                                                                                                               |                                                                                                                                                                                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                           | Category (See Categories listed at the top of this schedule)<br><br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                                                                                                       | Description<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Donation              |
|                                                                                 | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div> |                                                                                                                                                                                                              |

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Travel Out Of District  
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The Instruction Guide explains how to complete this form.

|                                                                               |                                                                                                                                                              |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>2 of 2                                   | <b>2</b> FILER NAME<br>Omar Narvaez                                                                                                                          | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                                           |
| <b>4</b> Date<br>09/19/2019                                                   | <b>5</b> Payee name<br>Artstillery                                                                                                                           |                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>500.00<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address; City; State; Zip Code<br>723 Fort Worth Ave Dallas, TX 75208                                                                         |                                                                                                                                                                                                        |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Donation |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        | Candidate / Officeholder name                                                                                                                                | Office sought      Office held                                                                                                                                                                         |
| Date                                                                          | Payee name                                                                                                                                                   |                                                                                                                                                                                                        |
| Amount (\$)                                                                   | Payee address; City; State; Zip Code                                                                                                                         |                                                                                                                                                                                                        |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)                                                                                                 | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense                            |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                | Office sought      Office held                                                                                                                                                                         |
| Date                                                                          | Payee name                                                                                                                                                   |                                                                                                                                                                                                        |
| Amount (\$)                                                                   | Payee address; City; State; Zip Code                                                                                                                         |                                                                                                                                                                                                        |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)                                                                                                 | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense                            |
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