Signature of officer administering oath

City Secretary's Office Supplemental Report Officeholder MS / MRS / MR 1. CANDIDATE / FIRST MI **OFFICEHOLDER** Omar NAME NICKNAME LAST SUFFIX Narvaez 4. SUPPLEMENTAL c January 15 c 30th day before election c Runoff REPORT TYPE X July 15 c 8th day before election c Exceeded \$500 limit 5. PERIOD / COVERED 4/22/2021 THROUGH 6/30/2021 6. ELECTION Month Day Year ✗ General c Primary c. Runoff 7. OFFICE-CONTRIBUTION 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN **HOLDER** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS** 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **EXPENDITURE TOTALS** 4. TOTAL OFFICEHOLDER EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES 8. POLITICAL CONTRIBUTION TOTALS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (Campaign) 6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED **EXPENDITURE** TOTALS 8. TOTAL POLITICAL EXPENDITURES 9. OFFICEHOLDER FUNDS USED 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD FOR CAMPAIGN PURPOSES 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 **Omar Narvaez** Sworn to and subscribed before me, by the said _ , this the _, to certify which, witness my hand and seal of office.

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 | n. | 1 Total pages Schedule A1: 1 of 2 |
|--------------------------|--|---------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Omar Narvaez | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of contribution (\$) |
| 04/22/2021 | Catalina Garcia | | 100.00 |
| Campaign | 6 Contributor address; City; State; Z | Zip Code | |
| Contribution | P.O. Box 821388 Dallas, TX | 75382 | |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instructio | ns) |
| Date | Full name of contributor |) | Amount of contribution (\$) |
| 04/23/2021 | Victoria Neave Campaign | | 100.00 |
| Campaign | Contributor address; City; State; Z | Zip Code | |
| Contribution | P.O. Box 472773 Garland, T | X 75047 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Date | Full name of contributor |) | Amount of contribution (\$) |
| 04/24/2021 | Patricia Dunne | | 100.00 |
| Campaign Contribution | Contributor address; City; State; Z 4134 Park Lane Dallas, TX | 75220 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructio | ns) |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) |
| 04/24/2021 | J. Damany Daniel | | 500.00 |
| Campaign Contribution | Contributor address; City; State; Z 1519 Lansford Dallas, TX | ip Code | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructio | ns) |
| | | | |

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

| The | Instruction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: 2 of 2 |
|--------------------------|---|---------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Omar Narvaez | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (| ID#:) | 7 Amount of contribution (\$) |
| 04/24/2021 | Eilieen Vallejo 6 Contributor address; City; State; | Zin Code | 50.00 |
| Campaign Contribution | | KS 67226 | |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | ID#:) | Amount of contribution (\$) |
| 04/28/2021 | Flora Hernandez Contributor address; City; State; | Zin Codo | 1000.00 |
| Campaign Contribution | | ГX 75225 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructio | ons) |
| Date | Full name of contributor ut-of-state PAC (| ID#:) | Amount of contribution (\$) |
| 04/28/2021 | Eric Dominguez | | 100.00 |
| Campaign Contribution | Contributor address; City; State; 1628 Daywood Lane Dallas, 7 | Zip Code ΓX 75061 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | | ID#:) | Amount of contribution (\$) |
| 05/12/2021 | Delia Jasso | | 250.00 |
| Campaign Contribution | | Zip Code FX 75208 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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
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

| Credit Card Payment | The Instruction Guide explains how to d | complete this form. | Other (enter a category not listed above) |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F1: 1 of 9 | 2 FILER NAME Omar Narvaez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 04/26/2021 | Hill Jones Consulting | | |
| 6 Amount (\$) 3287.50 Campaign Funds for | 7 Payee address; City; State; Zip Code 707 Vermont Dallas, TX 75216 | | |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Consulting Expense | | utside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Consulting | 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 | | |
| 04/28/2021 | Mal House Inc | | |
| Amount (\$) 1808.26 | Payee address; City; State; Zip Code | | |
| Campaign Funds for | 8905 Chancellor Dallas, TX 75247 | | |
| Campaign Expenditures | | 1 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel out | tside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Advertising Expense | , TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| | | | |
| 04/30/2021 | Texas Democratic Party | | |
| Amount (\$) 1280.00 | Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761 | | |
| Campaign Funds for Campaign Expenditures | , | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Fees | | ttside of Texas. Complete Schedule T. |
| EXPENDITURE | | Fee 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 | 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

| 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: 2 of 9 | 2 FILER NAME Omar Narvaez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | ' |
| 04/22/2021 | Act Blue | |
| 6 Amount (\$) 1475.76 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Sommerville, MA 02144 | |
| Campaign Funds for Campaign Expenditures | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE | Fees | Check if travel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| 04/28/2021 | Act Blue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 456.32 | P.O. Box 441146 Somerville, MA 02144 | |
| Campaign Funds for Campaign Expenditures | | |
| | 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 |
| | | Fees |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| 05/07/2021 | Act Blue | |
| Amount (\$) 175.78 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| Campaign Funds for | 1.0. Dox 441140 Sometvine, MA 02144 | |
| Campaign Expenditures | | |
| | 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 |
| EXI ENDITORE | | Fees |
| | Condidate / Officeholder (1997) | Office county |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| | 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

| Credit Card Payment | The Instruction Guide explains how to d | complete this form. | Other (enter a category not listed above) |
|--|---|---------------------|---|
| 1 Total pages Schedule F1: 3 of 9 | 2 FILER NAME Omar Narvaez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/05/2021 | Hill Jones Constulting | | |
| 6 Amount (\$) 4579.38 Campaign Funds for | 7 Payee address; City; State; Zip Code 707 Vermont Dallas, TX 75216 | | |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Consulting Expense | | utside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Consulting | 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 | | |
| 05/17/2021 | In Focus Campaigns LLC | | |
| Amount (\$) 2879.62 | Payee address; City; State; Zip Code | | |
| Campaign Funds for | P.O. Box 10726 Ft Worth, TX 76114 | | |
| Campaign Expenditures | | | |
| 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/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/19/2021 | In Focus Campaigns LLC | | |
| Amount (\$) 2052.36 | Payee address; City; State; Zip Code P.O. Box 10726 Ft Worth, TX 76114 | | |
| Campaign Funds for Campaign Expenditures | 1.0. Box 10/20 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Advertising Expense | | tside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | | , TX, officeholder living expense |
| | | Advertising | |
| 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 |

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 o | complete this form. | outer (onto a dategory not noted above) |
|--|---|---------------------|--|
| 1 Total pages Schedule F1: 4 of 9 | | • | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | <u> </u> |
| 05/28/2021 | In Focus Campaigns | | |
| 6 Amount (\$) 1979.05 | P.O. Box 10726 P.O. Box 10726 City; State; Zip Code Ft Worth, TX 76114 | | |
| 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 ou | utside of Texas. Complete Schedule T. |
| OF EXPENDITURE | The returning Emperior | Check if Austin | n, TX, officeholder living expense |
| EXPENDITORE | | Advertising | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 06/10/2021 | Stonewall Democrats of Dallas | | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code P.O. Box 192305 Dallas, TX 75219 | | |
| Campaign Funds for | P.O. Box 192305 Dallas, TX 75219 | | |
| Campaign Expenditures | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | 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 | | |
| Baic | . ayoo name | | |
| 05/05/2021 | Ledbetter Eagle Ford Community Organization | | |
| Amount (\$) 50.00 | Payee address; City; State; Zip Code 5227 Nomas Dallas, TX 75212 | | |
| Campaign Funds for | 5227 Nomas Danas, 171 75212 | | |
| Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | tside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officenoider/Political Committee | | , TX, officeholder living expense |
| | | Donation | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | 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

| Credit Card Payment | The Instruction Guide explains how to d | complete this form. | Other (enter a category not listed above) |
|--|---|---------------------|---|
| 1 Total pages Schedule F1: 5 of 9 | 2 FILER NAME Omar Narvaez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/07/2021 | Artstillery | | |
| 6 Amount (\$) 300.00 Campaign Funds for Campaign Expenditures | 7 Payee address; City; State; Zip Code 723 Ft Worth Ave 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 | Check if travel or | utside of Texas. Complete Schedule T. 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 | | |
| 06/18/2021 | Artstillery | | |
| Amount (\$) 200.00 | Payee address; City; State; Zip Code | | |
| Campaign Funds for Campaign Expenditures | 723 Ft Worth Ave Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | 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 |
| Date | Payee name | | |
| 04/26/2021 | Mail Hlouse Inc | | |
| Amount (\$) 2850.19 | Payee address; City; State; Zip Code 8505 Chancellor Dallas, TX 75247 | | |
| Campaign Funds for Campaign Expenditures | 6505 Chancenor Danas, 17, 75247 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | | ntside of Texas. Complete Schedule T. |
| 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 |

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

| 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 9 | 2 FILER NAME Omar Narvaez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | I | |
| 04/29/2021 | DFW Mail Today | | |
| 6 Amount (\$) 1897.45 Campaign Funds for | 7 Payee address; City; State; Zip Code 8505 Chancellor Dallas, TX 75247 | | |
| Campaign Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Advertising Expense | Check if travel out | tside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Check if Austin | , TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 04/28/2021 | Walls Printing | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 2818.54 | 9171 King Arthur Dallas, TX 75247 | | |
| Campaign Funds for Campaign Expenditures | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | side 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 | | |
| | | | |
| 04/22/2021 | Walls Printing | | |
| Amount (\$) 2414.56 | Payee address; City; State; Zip Code | | |
| Campaign Funds for Campaign Expenditures | 9171 King Arthur Dallas, TX 75247 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Printing Expense | Check if travel out | side of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Check if Austin, | TX, officeholder living expense |
| | | Printing | |
| 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

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

| Candidate/Officeholder/Politica | al Committee Legal Services | Salaries/W | /ages/Contract Labor | Other (enter a category not listed above) | |
|--|-----------------------------------|---------------------------------------|----------------------|---|---|
| Credit Card Payment | The Instruction | n Guide explains how to o | omplete this form. | | |
| 1 Total pages Schedule F1: 7 of 9 | 2 FILER NAME Omar Narvaez | | | 3 Filer ID (Ethics Commission Filers) | 1 |
| 4 Date | 5 Payee name | | • | | |
| 05/01/2021 | Taylor Adams | | | | |
| 6 Amount (\$) 1000.00 | | City; State; Zip Code allas, TX 75208 | | | |
| Campaign Funds for Campaign Expenditures | | | | | |
| 8 | (a) Category (See Categories list | ed at the top of this schedule) | (b) Description | | |
| PURPOSE | Consulting Expense | | Check if travel ou | tside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | | | Check if Austin | , TX, officeholder living expense | |
| | | | Consulting | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholde | er name | Office sought | Office held | |
| Date | Payee name | | | | |
| 04/22/2021 | Hill Jones Constulting | | | | |
| Amount (\$) | | City; State; Zip Code | | | |
| 2660.00 | - | allas, TX 75216 | | | |
| Campaign Funds for Campaign Expenditures | | | | | |
| | Category (See Categories list | ed at the top of this schedule) | Description | | |
| PURPOSE | Consulting Expense | | Check if travel out | side of Texas. Complete Schedule T. | |
| OF EXPENDITURE | | | Check if Austin, | TX, officeholder living expense | |
| | | | Consulting | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholde | r name | Office sought | Office held | |
| Date | Payee name | | | | |
| 05/05/2021 | Hill Jones Constulting | | | | |
| Amount (\$) 3642.50 | | City; State; Zip Code allas, TX 75216 | | | |
| Campaign Funds for | 707 Vermont D | alias, 1A /3210 | | | |
| Campaign Expenditures | | | | | |
| | Category (See Categories list | ed at the top of this schedule) | Description | | |
| PURPOSE | Consulting Expense | | Check if travel out | tside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | | | Check if Austin, | , TX, officeholder living expense | |
| | | | Consulting | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholde | er name | Office sought | Office held | |
| | | | | | |
| | ATTACH ADDITIO | NAL COPIES OF THIS | 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

| Credit Card Payment | The Instruction Guide explains how to d | complete this form. | Other (enter a category not listed above) |
|---|--|---------------------|--|
| 1 Total pages Schedule F1: 8 of 9 | 2 FILER NAME Omar Narvaez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 04/28/2021 | Dallas Voice | | |
| 6 Amount (\$) 1552.00 Campaign Funds for Campaign Expenditures | 7 Payee address; City; State; Zip Code 1825 Market Center Suite 240 Dallas, TX 75207 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Advertising Expense | | utside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Advertising | 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 | | |
| 05/19/2021 | Dallas Voice | | |
| Amount (\$) 1552.00 | Payee address; City; State; Zip Code | | |
| Campaign Funds for | 1825 Market Center Suite 240 Dallas, TX 75207 | | |
| Campaign Expenditures | Dullus, 17, 73207 | | |
| 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/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 06/19/2021 | Dallas Voice | | |
| Amount (\$) 1552.00 | Payee address; City; State; Zip Code 1825 Market Center Dallas, TX 75207 | | |
| Campaign Funds for Campaign Expenditures | 1023 Warket Center Danas, 17 /320/ | | |
| 7 7 7 | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Advertising Expense | Check if travel ou | tside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Check if Austin | , TX, officeholder living expense |
| | | Advertising | |
| Complete <u>ONLY</u> 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

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

| Credit Card Payment | The Instruction Guide explains how to d | complete this form. | Other (enter a category not listed above) |
|--|---|---------------------|--|
| 1 Total pages Schedule F1: 9 of 9 | 2 FILER NAME Omar Narvaez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 04/23/2021 | Home Depot | | |
| 6 Amount (\$) 356.98 Campaign Funds for Campaign Expenditures | 7 Payee address; City; State; Zip Code 2610 Fort Worth Dallas, TX 75211 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Polling Expense | | utside of Texas. Complete Schedule T. |
| OF EXPENDITURE | Tolling Expense | | n, TX, officeholder living expense |
| | | Polling expense | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/01/2021 | Whataburger | | |
| Amount (\$) 352.45 | Payee address; City; State; Zip Code | | |
| Campaign Funds for Campaign Expenditures | 2741 N Stemmons Fwy Dallas, TX 75207 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | 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 |
| Date | Payee name | | |
| 05/01/2021 | Area 111 | | |
| Amount (\$) 2454.34 | Payee address; City; State; Zip Code 111 Oak Lawn Dallas, TX 75207 | | |
| Campaign Funds for Campaign Expenditures | 111 Oak Lawii Danas, 17 /320/ | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Event Expense | | tside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | | , TX, officeholder living expense |
| | | Event 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 |