

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST  
**Omar**

MI

NICKNAME

LAST  
**Narvaez**

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address  
**411 Broadway Ave #5320 Dallas TX 75212**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**( 214 ) 9260172**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

**Norma**

NICKNAME

LAST

SUFFIX

**Minnis**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

**6219 Prospect Dallas. TX 75214**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**( 214 ) 288-9544**

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**01 / 23 / 2026 THROUGH 02 / 21 / 2026**

11 ELECTION

ELECTION DATE

Month Day Year

**03 / 03 / 2026**

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Justice of the Peace Precinct 5 Place 2**

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

**FILED**  
**2026 FEB 23 PM 3:08**  
JOHN F. WALKER  
COUNTY CLERK  
DALLAS COUNTY  
DEPUTY

Date Hand-Carried or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME Omar Narvaez		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 175.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16640.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1600.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,515.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

18 SIGNATURE 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.

\_\_\_\_\_  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

(2) Unsworn Declaration

My name is Omar Narvaez, and my date of birth is 11-18-73.  
 My address is 411 Broadway Ave #5320, Dallas, TX, 75212-4541.  
(street) (city) (state) (zip code) (country)  
 Executed in DALLAS County, State of Texas, on the 23 day of Feb, 20 26.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <b>Omar Narvaez</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$16640.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 258.47
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1660.38
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>1</b>
2 FILER NAME <b>Omar Narvaez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/17/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Stonewall Democrats of Dallas PAC</b> 6 Contributor address; City; State; Zip Code <b>PO Box 1922305</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>02/20/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Hyung Suh</b> Contributor address; City; State; Zip Code <b>2402 Royal Lane #103. Dallas TX 75229</b>	Amount of contribution (\$) <b>300.00</b>
Contributor's principal occupation <b>Restaurateur</b>		Contributor's job title <b>Owner</b>
Contributor's employer/law firm <b>Seoul Garden</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>02/10/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Pauline Medrano</b> Contributor address; City; State; Zip Code <b>2838 Douglas TX 75216</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor's principal occupation <b>Treasurer</b>		Contributor's job title <b>Treasurer</b>
Contributor's employer/law firm <b>Dallas County</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

\$\$\$	Date	Donor First Nam	Donor Last Nam	Donor Address I	Donor City	State	Zip	Occupation	Employer
500	2026-01-29	Chad	West	PO Box 795	Midlothian	TX	76065	Owner	SCCW
50	2026-01-29	Gay	Revi	908 N Bishop Av	Dallas	TX	75208	Not Employed	Not Employed
100	2026-01-30	Mario	Quintanilla	5610 Maple Ave	DALLAS	TX	75235	Banker	Frost Bank
100	2026-01-30	Adam	Medrano	2338 Douglas Av	Dallas	TX	75219	consultant	self
100	2026-01-30	Jason	Jones	111 W Davis St,	Dallas	TX	75208	Chiropractor	Self
250	2026-01-31	Feargal	Mckinney	5722 Oram St	Dallas	TX	75206	restaurant owne	self
10	2026-02-04	Diana	Alexander	10238 Rothbury	Houston	TX	77043	Educator	CFISD
250	2026-02-09	Stephen	Jones	7715 Oak Garde	Dallas	TX	75232	Attorney	Linebarger
500	2026-02-09	Staci	Reznik	4007 Lively	Dallas	TX	75220	Not Employed	Not Employed
250	2026-02-09	Brian	Colon	1101 Diamondb	Albuquerque	NM	87113	Attorney	Singleton Schreiber
100	2026-02-10	Regina	Montoya	5230 Lobello Dri	Dallas	TX	75229	Attorney	Regina T. Montoya, PLLC
25	2026-02-11	Sophronia	Johnson	5508 Longleaf	Dallas	TX	75232	Project Manager	LGBS
500	2026-02-11	Tre	Black	751 Kessler lake	Dallas	TX	75208	Executive	On-target
50	2026-02-11	Alfred	Lagos	131 N. Montclair	Dallas	TX	75208	Bus Driver	Dallas County Schools
500	2026-02-11	EDWARD	LOPEZ	4719 Byron Circ	Irving	TX	75038	Attorney	Linebarger Law
50	2026-02-12	Yesenia	Valdez	5746 Marview L	Dallas	TX	75227	Liaison	Linebarger
15	2026-02-12	Andrew	Taylor	P. O. Box 19249	Dallas	TX	75219	Legal	lgbs
500	2026-02-12	Minerva	Rodriguez	1036 Opal Dr.	DeSoto	TX	75115	President & CEC	Minerva Rodriguez
25	2026-02-15	Liza	Urso	4335 Meadowda	Dallas	TX	75229	Not Employed	Not Employed
100	2026-02-16	Sherrel	Knighton	1104 Creekstone	Carrollton	TX	75010	Attorney	Linebarger Goggan Blair & Sampson, LLP
100	2026-02-18	Renita	Griggs	P O Box 2347	Rockwall	TX	75087	EA	Linebargar Goggan Blair & Sampson LLP
587	Total							Donor ZIP	

- 74351
- 73494
- 75235-7421
- 75097.
- 75007.
- 74918.
- 74829.
- 74739.:

Print

Current sheet

Paper size

Letter (8.5" x 11")

Page orientation

Landscape  Portrait

Scale

Fit to width

Margins

Normal

SET CUSTOM PAGE BREAKS

Formatting

Headers & footers



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:  1	
2 FILER NAME Omar Narvaez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 175.00	
5 Date 02/10/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Medrano	8 Amount of Contribution \$ 83.47	9 In-kind contribution description Supplies & storage
7 Contributor address; City; State; Zip Code 2331 Douglas Dallas		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Events Planner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: 1	<b>2</b> FILER NAME Omar Narvaez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/10/2026	<b>5</b> Payee name Versa Print	
<b>6</b> Amount (\$) 183.45	<b>7</b> Payee address; City; State; Zip Code 2631 Brenner Dallas TX 75220 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Shirts
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Omar Narvaez	Office sought Justice of the Peace 5-2
Date 01/12/2026	Payee name Versa Print	
Amount (\$) 591.56	Payee address; City; State; Zip Code 2631 Brenner Dallas TX 75220 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Omar Narvaez	Office sought Justice of tthe Peace 5-2
Date 01/12/2026	Payee name Versa Print	
Amount (\$) 885.34	Payee address; City; State; Zip Code 2631 Brenner Dallas TX 75212 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Omar Narvaez	Office sought Justice of the Peace 5-2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED