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: Mr. | FIRST: Omar | MI:

NICKNAME | LAST: Narvaez | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 411 Broadway Ave #5302 | APT / SUITE #: | CITY: Dallas | STATE: TX | ZIP CODE: 75212

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (214) | PHONE NUMBER: 9260172 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms. | FIRST: Norma | MI:

NICKNAME | LAST: Minnis | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 6219 Prospect | APT / SUITE #: | CITY: Dallas | STATE: TX | ZIP CODE: 74214

8 CAMPAIGN TREASURER PHONE

AREA CODE: (214) | PHONE NUMBER: 2888544 | EXTENSION:

OFFICE USE ONLY

Date Received

FILED
2026 JUL 13 PM 4:52
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
BY

Date Hand-delivered or Date Postmarked

Receipt #: | Amount $:

Date Processed

Date Imaged

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: 05 / 17 / 2026 THROUGH 06 / 30 / 2026

11 ELECTION

ELECTION DATE — Month / Day / Year: 05 / 26 / 2026

ELECTION TYPE

- ☐ Primary
- ☑ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Justice of the Peace Prt5 Pl2

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.

☐ Additional Pages

COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	$ 20.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1072.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 6754.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 287.44
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 S Broadway Ave #5320, Dallas, TX, 75212, DALLAS
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 17 day of July, 20 26
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Omar Narvaez	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1052.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 754.78
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.		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: 2

2 FILER NAME: Omar Narvaez

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:	7 Amount of contribution ($)
	Jeanette Martinez	
	6 Contributor address; City; State; Zip Code	
05/17/2026	3928 Townsend Ft Worth TX 76110	500.00

8 Contributor's principal occupation	9 Contributor's job title
Councilmember	Councilmember
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
City of Ft Worth	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
	DeMetris Sampson	
	Contributor address; City; State; Zip Code	
05/22/2026	PO BOX 764834 Dalas TX 75376	252.00

Contributor's principal occupation	Contributor's job title
Retired	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
	Chris Luna	
	Contributor address; City; State; Zip Code	
05/20/2028	4033 Prescott Dallas TX 75219	500.00

Contributor's principal occupation	Contributor's job title
Non-Profit	President
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
SPCA	

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

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1 Total pages Schedule A(J)1: 2

2 FILER NAME: Omar Narvaez

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:	7 Amount of contribution ($)
05/25/2026	Kathy Stewart	252.00
6	6 Contributor address: 9509 Shallowvalley City: Dallas State: TX Zip Code: 75238	

8 Contributor's principal occupation	9 Contributor's job title
Councilmember	Councilmember
10 Contributor's employer/law firm: City of DALLAS	**11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
05/30/2026	Mark Grace	50.00
6	Contributor address: 2117 Fannin St City: Dallas State: TX Zip Code: 75212	

Contributor's principal occupation	Contributor's job title
Retired	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
3	Contributor address: City: State: Zip Code	500

Contributor's principal occupation	Contributor's job title
Non-Profit	President
Contributor's employer/law firm	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

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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
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.

1 Total pages Schedule F1: 1	**2** FILER NAME OMAR NARVAEZ	**3** Filer ID (Ethics Commission Filers)
4 Date 05/24/2024	**5** Payee name Mail House	
6 Amount ($) 6754.28	**7** Payee address; 1737 E Levee St ☐ Check if individual's residence address.	City; Dallas State; TX Zip Code 75207
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Printing Expens	**(b)** Description Mail Piece
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	
Amount ($)	Payee address; ☐ Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, 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; ☐ Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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OUTSTANDING LOANS

SCHEDULE L

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 L: 1

2 FILER NAME: OMAR NARVAEZ

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender: Omar Narvaez

5 Lender address: 411 Broadway Ave #5320 City: Dallas State: TX Zip Code: 75212

GUARANTOR INFORMATION

☒ not applicable

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED