

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Omar	MI
	NICKNAME	LAST Jimenez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1639 Cedar Bluff LN Dallas, TX 75253		ZIP CODE
	Date Hand-delivered or Date Postmarked		Receipt #
	Date Processed		Amount
	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Janet</i>	MI
	NICKNAME <i>"Jan"</i>	LAST <i>Bridges</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <i>9875 Rustic Cr.</i>		APT / SUITE #; CITY; STATE; ZIP CODE <i>Dallas TX 75218</i>
	AREA CODE <i>(972)</i>	PHONE NUMBER <i>757</i>	EXTENSION <i>0750</i>
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 04/25/2019		THROUGH
	Month Day Year 06/30/2019		
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Dallas ISD Board of Trustees District 4

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

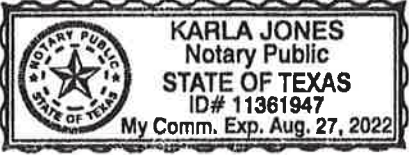
13 C / OH NAME Jimenez, Omar	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by politica candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of										
<table style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="2"></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL			<input type="checkbox"/> SPECIFIC			COMMITTEE ADDRESS	
	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL										
	<input type="checkbox"/> SPECIFIC										
COMMITTEE CAMPAIGN TREASURER NAME											
COMMITTEE CAMPAIGN TREASURER ADDRESS											


16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.40
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 633.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 37.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFDAVIT

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.




AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Omar Jimenez, this the 15th of July, 2019, to certify which, witness my hand and seal of office.



Signature of officer administering

Karla Jones

Printed name of officer administering

7-15-2019 9:35am

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Jimenez, Omar	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 261.40
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 339.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 633.03
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Jimenez, Omar		3 Filer ID
4 Date 05/04/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdwell, Diane	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 5705 Meadowick LN Dallas, TX 75227	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrhardt, Harryette	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 5731 Swiss Ave Dallas, TX 75214	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Joyce	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 8317 Rock Canyon Trail Dallas, TX 75232	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia , Sergio	Amount of Contribution (\$) \$10.70
	Contributor address; City; State; Zip Code 223 E. Kimbrough Mesquite , TX 75149	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris , David	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 5203 Denton Drive Dallas, TX 75235	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Jimenez, Omar		3 Filer ID
4 Date 04/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivarez, Javier	7 Amount of Contribution (\$) \$10.70
6 Contributor address; City; State; Zip Code 9749 Kittyhawk Lane Dallas, TX 75217		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Irish	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code 1700 Pacific Ste. 210 Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/7	
2 FILER NAME Jimenez, Omar		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/01/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Jan	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description Printing Push Cards
	7 Contributor address; City; State; Zip Code 987 S. Rustic Cr. Dallas, TX 75218	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 04/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Jan	Amount of contribution (\$) \$89.00	In-kind contribution description Graphics
	Contributor address; City; State; Zip Code 987 S. Rustic Cr. Dallas, TX 75218	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

POLITICAL EXPENDITURES 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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	2 FILER NAME Jimenez, Omar	3 Filer ID
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4 Date 06/14/2019	5 Payee name Booker Industries
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 2344 Farmington Dallas, TX 75207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/27/2019	Payee name Shell
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Amount (\$) \$33.03	Payee address; City; State; Zip Code 102 S Beltline Rd Dallas, TX 75253
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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