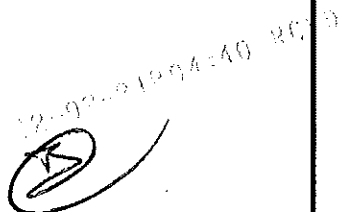


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 43	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Deanna Dominguez NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received 	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [Redacted]			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION [Redacted]		Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr. Miguel E. Dominguez NICKNAME LAST SUFFIX		Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE (Residence or Business) [Redacted]		Date Processed	
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION (956) 207-9639		Date Imaged	
8 CAMPAIGN TREASURER PHONE	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 \$500 limit ☐ Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 27 / 2019 THROUGH 11 / 30 / 2019			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☒ Runoff ☐ Other Description 12 / 10 / 2019 ☐ General ☐ Special			
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known) Edinburg City Council Place #3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

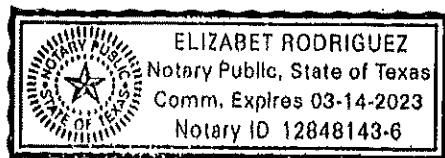
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Deanna M. Dominguez** 15 Filer ID (Ethics Commission Filers)

16 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 ☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME Miguel E Dominguez	
☐ Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,503.24
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,383.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7645.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,140.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Deanna M. Dominguez, this the 2nd day of December, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Elizabeth Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,539.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6964.24
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25,383.08
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**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethlos Commission Filers)**4** Date

10/29/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

M.S. Healthcare, Inc.

6 Contributor address;

City; State; Zip Code

3202 W Alberta Rd. Edinburg, TX. 78539

7 Amount of contribution (\$)

\$140.00

8 Principal occupation / Job title (See Instructions)

Business

9 Employer (See Instructions)

Date

10/29/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Law Office of Felipe Garcia, Jr.

Contributor address;

City; State; Zip Code

201 E. University Dr. Edinburg, TX. 78539

Amount of contribution (\$)

\$140.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10/29/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ysidoro Quintanilla

Contributor address;

City; State; Zip Code

4604 S. Sugar Rd. Edinburg, TX. 78539

Amount of contribution (\$)

\$1500.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

10/20/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

G-Force Security

Contributor address;

City; State; Zip Code

3111 S. Business HWY 281 Edinburg, TX. 78539

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Business

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date
10/29/2019**5** Full name of contributor ☐ out-of-state PAC (ID#:
Good Guys Roofing & Restoration**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code**\$100.00****1409 S. 9th St. Edinburg, TX. 78539****8** Principal occupation / Job title (See Instructions)**Business****9** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

10/29/2019**Albert Trevino****\$350.00**

Contributor address; City; State; Zip Code

819 N. Verterans BLVD Pharr, TX. 78577

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

10/29/2019**Core RQ Realty LLC****\$150.00**

Contributor address; City; State; Zip Code

8 Saint Christopher Ct. Sugarland, TX. 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

10/29/2019**Superior Properties****\$150.00**

Contributor address; City; State; Zip Code

504 Lancelot Edinburg, TX. 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business**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 form.		1 Total pages Schedule A1: 11
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2019	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Los Lagos Development, LLC 6 Contributor address; City; State; Zip Code 302 E. Coma Ave Hidalgo, TX. 78557	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions)
Date 10/29/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Estella G. Lopez Contributor address; City; State; Zip Code 1908 Ariel Ln. Edinburg, TX. 78539	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 10/29/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Orlando Jimenez Contributor address; City; State; Zip Code 320 W. McIntyre St. Edinburg, TX. 78541	Amount of contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) Business Man		Employer (See Instructions)
Date 10/29/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rafath I. Quraishi Contributor address; City; State; Zip Code 4001 Lark Ave McAllen, TX. 78504	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Business Woman		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.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**2 FILER NAME **Deanna M. Dominguez**

3 Filer ID (Ethlos Commission Filers)

4 Date
10/29/20195 Full name of contributor ☐ out-of-state PAC (ID#: _____)**Jorge Luis Salinas**

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$140.00

8 Principal occupation / Job title (See Instructions)

Business Man

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/29/2019**Maclovía Sanchez**

Contributor address; City; State; Zip Code

\$140.00**820 Pacific Ave.****Edinburg, TX. 78539**

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/29/2019**Francisco Coronado**

Contributor address; City; State; Zip Code

\$70.00**P.O. Box 674****Edinburg, TX. 78541**

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/29/2019**Alcinda L. Pardo**

Contributor address; City; State; Zip Code

\$49.00**1507 N. Tower Rd.****Edinburg, TX. 78542**

Principal occupation / Job title (See Instructions)

Business Woman

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**2 FILER NAME **Deanna M. Dominguez**

3 Filer ID (Ethics Commission Filers)

4 Date

10/29/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)**Jeffrey Wayne Everitt & Araceli Garza POD**

6 Contributor address; City; State; Zip Code

901 S.Texas Blvd.**Weslaco, TX. 78596**

7 Amount of contribution (\$)

\$350.00

8 Principal occupation / Job title (See Instructions)

Business

9 Employer (See Instructions)

Date

11/4/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)**Orlando Jimenez**

Contributor address; City; State; Zip Code

Pinkston & Gwin**Edinburg, TX. 78539**

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

11/4/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)**Purdue Brandon Fielder Collins & Mott LLP**

Contributor address; City; State; Zip Code

P.O. Box 2916**McAllen, TX. 78502**

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

11/4/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)**Israel Silva**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$2500.00

Principal occupation / Job title (See Instructions)

Business Man

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date
11/14/2019**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)**Ruben Ramon Ramirez****6** Contributor address; City; State; Zip Code**7** Amount of contribution (\$)**\$1000.00****8** Principal occupation / Job title (See Instructions)**Business Man****9** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/14/2019**Burns Brothers LTD**

Contributor address; City; State; Zip Code

\$500.00**4216 N. Interstate I-69****Edinburg, TX. 78539**

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/14/2019**Jose L. Munoz**

Contributor address; City; State; Zip Code

\$400.00**P.O. Box 46****Mercedes, TX. 78570**

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/14/2019**Nadia Perez/Ruben Dario Figueroa**

Contributor address; City; State; Zip Code

\$1000.00

Principal occupation / Job title (See Instructions)

Business Man

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date
11/14/2019**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)**Laura Ruiz****6** Contributor address; City; State; Zip Code**1902 W. Canton Rd. Edinburg, TX. 78539****7** Amount of contribution (\$)

\$400.00**8** Principal occupation / Job title (See Instructions)
Business Woman**9** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/18/2019**Ysidoro Quintanilla**

Contributor address; City; State; Zip Code

4604 S. Sugar Rd. Edinburg, TX. 78539**\$2500.00**Principal occupation / Job title (See Instructions)
Business Man

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/18/2019**KAB Development & Investments LLC**

Contributor address; City; State; Zip Code

303 Las Vegas Dr. Edinburg, TX. 78539**\$500.00**Principal occupation / Job title (See Instructions)
Business

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/18/2019**Philippus Shyman OR**

Contributor address; City; State; Zip Code

9620 Bentsen Rd. McAllen, TX. 78504**\$500.00**Principal occupation / Job title (See Instructions)
Business Man

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2019	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) RGMP LLC 6 Contributor address; City; State; Zip Code 116 W. Sam Houston Pharr, TX. 78577	7 Amount of contribution (\$) \$2000.00
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions)
Date 11/18/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Oliver Salgado Properties Contributor address; City; State; Zip Code 1107 Wildflower Ct. Katy, TX. 77949	Amount of contribution (\$) \$2000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 11/18/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Richard Molina Campaign Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions) Business Man		Employer (See Instructions)
Date 11/18/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jorge Luis Salinas Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions) Business Man		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.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**2 FILER NAME **Deanna M. Dominguez**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

11/18/2019

2GC Construction & Design, LLC

6 Contributor address; City; State; Zip Code

\$1500.00

1411 Amaryllis

Weslaco, TX. 78599

8 Principal occupation / Job title (See Instructions)

Business

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/18/2019

Miguel Domínguez

Contributor address; City; State; Zip Code

\$400.00

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/19/2019

Armando M. Guerra & Associates, PLLC

Contributor address; City; State; Zip Code

\$500.00

113 N. 9th Ave

Edinburg, TX. 78541

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/19/2019

Lilia A. Quintanilla

Contributor address; City; State; Zip Code

\$500.00

2507 Melody Ct.

Mission, TX. 78574

Principal occupation / Job title (See Instructions)

Business Woman

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The instruction guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2019	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Daniel L. Moffatt 6 Contributor address; City; State; Zip Code 27845 N. FM 681 Edinburg, TX. 78539	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Business Man		9 Employer (See Instructions)
Date 11/19/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) R.E. Garcia & Associates Contributor address; City; State; Zip Code 116 North 12th Edinburg, TX. 78539	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 11/19/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hollis Rankin III & Rebecca N. Rankin Contributor address; City; State; Zip Code 113 N. 9th Ave Edinburg, TX. 78541	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 11/19/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Daniel or Rose Mary Moffatt Contributor address; City; State; Zip Code 1042 Hill Country Rd. Edinburg, TX. 78539	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business		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.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2019	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Esponjas Development, LTD 6 Contributor address; City; State; Zip Code 2912 S, Jackson Rd. McAllen, TX. 78503	7 Amount of contribution (\$) \$1500.00
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions)
Date 11/25/2019	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ronald L. Smith Contributor address; City; State; Zip Code 1720 Ann St. Edinburg, TX. 78539	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 5

2 FILER NAME

Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

11/23/19

6 Full name of contributor ☐ out-of-state PAC (ID#; _____)

Mr. Richard Molina Sole Prop DBA Campaign

7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$

\$1000.00

9 In-kind contribution description

1 graphics media

☐ Check If travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business Man

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

11/13/19

Full name of contributor ☐ out-of-state PAC (ID#; _____)

Mr. Richard Molina Sole Prop DBA Campaign

Contributor address; City; State; Zip Code

Amount of Contribution \$

\$200.00

In-kind contribution description

Sam Antonio

☐ Check If travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business Man

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 5

2 FILER NAME

Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

11/11/2019

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mr. Richard Molina Sole Prop DBA Campaign

7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$

\$2500.00

9 In-kind contribution description

Contribution

☐ 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

11/12/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mr. Richard Molina Sole Prop DBA Campaign

Contributor address; City; State; Zip Code

Amount of Contribution \$

\$550.00

In-kind contribution description

Express

☐ 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/13/19	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mr. Richard Molina Sole Prop DBA Campaign 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description Contract Labor
		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Man		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 11/14/19	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mr. Richard Molina Sole Prop DBA Campaign Contributor address; City; State; Zip Code	Amount of Contribution \$ \$500.00	In-kind contribution description Contract Labor
		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Man		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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2019	6 Full name of contributor ☐ out-of-state PAC (ID#: Mr. Richard Molina Sole Prop DBA Campaign 7 Contributor address; City; State; Zip Code [REDACTED]	8 Amount of Contribution \$ \$72.31	9 In-kind contribution description Whataburger
☐ 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 11/20/2019	Full name of contributor ☐ out-of-state PAC (ID#: Mr. Richard Molina Sole Prop DBA Campaign Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution \$ \$500.00	In-kind contribution description Contract Labor
☐ 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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE A2

Revised 9/8/2015

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
24	Deanna M. Dominguez	
4 Date	5 Payee name	
10/28/2019	El Fenix Bakery	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$22.45	718 E. University Dr. Edinburg, TX. 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	Food/Beverage	
(b) Description		
☐ Check if travel outside of Texas. Complete Schedule T.		
☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
10/28/2019	KFC	
Amount (\$)	Payee address; City; State; Zip Code	
\$80.03	2411 S. Business HWY 281 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Food/Beverage	
Description		
☐ Check if travel outside of Texas. Complete Schedule T.		
☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
10/29/2019	La Paloma Taqueria	
Amount (\$)	Payee address; City; State; Zip Code	
\$74.43	621 E. Cano St. Edinburg, TX. 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Food/Beverage	
Description		
☐ Check if travel outside of Texas. Complete Schedule T.		
☐ Check if Austin, TX, officeholder living expense		
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 NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2019		5 Payee name El Fenix Bakery			
6 Amount (\$) \$29.94		7 Payee address; City; State; Zip Code 718 E. University Dr. Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/28/2019		Payee name Graciela Delgado			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1603 E. Loeb St. Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/29/2019		Payee name Yolando Nino			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 919 E. Lovett Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
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 NEEDED					

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/2019		5 Payee name Carrera Communications			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/1/2019		Payee name Facebook			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/1/2019		Payee name Graciela Delgado			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 1603 E. Loeb St. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/4/2019		5 Payee name Facebook			
6 Amount (\$) \$10.19		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/4/2019		Payee name Taco Palenque			
Amount (\$) \$28.19		Payee address; City; State; Zip Code 409 E. Trenton Rd. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/4/2019		Payee name Bob Starks Beef			
Amount (\$) \$97.37		Payee address; City; State; Zip Code 707 W. Dove Ave McAllen, TX. 78504			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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 NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/6/2019		5 Payee name La Paloma Taqueria			
6 Amount (\$) \$47.26		7 Payee address; City; State; Zip Code 621 E. Cano Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/6/2019		Payee name Angie Ojeda			
Amount (\$) \$500.00		Payee address; City; State; Zip Code Pharr, TX. 78577			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/7/2019		Payee name Edinburg Fire Prevention			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 212 W. McIntyre St. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/Donation		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
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 NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/8/2019		5 Payee name Moonlight Cafe			
6 Amount (\$) \$127.19		7 Payee address; City; State; Zip Code 3911 S. Bus HWY 281 Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/8/2019		Payee name Ishop RGV			
Amount (\$) \$798.00		Payee address; City; State; Zip Code 3111 Las Cruces Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Services		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/12/2019		Payee name Go Daddy.com			
Amount (\$) \$26.02		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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 NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2019		5 Payee name City of Edinburg-Library			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 1906 S. Closner Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/12/2019		Payee name El Fenix Bakery			
Amount (\$) \$14.97		Payee address; City; State; Zip Code 718 E. University Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/12/2019		Payee name STARS Restaurant			
Amount (\$) \$62.08		Payee address; City; State; Zip Code 1205 S. Closner Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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 NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2019		5 Payee name HEB			
6 Amount (\$) \$55.18		7 Payee address; City; State; Zip Code 1212 S. Closner Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description ☐ 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 11/12/2019		Payee name HEB			
Amount (\$) \$86.24		Payee address; City; State; Zip Code 2700 W. Freddy Gonzalez Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		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 11/12/2019		Payee name Ludivina Salinas			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1106 E. Lovett St. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2019		5 Payee name Yolando Nino			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 919 E. Lovett St. Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/12/2019		Payee name Leonora Alaniz			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 320 Round Up Circle Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/12/2019		Payee name IShop RGV			
Amount (\$) \$255.00		Payee address; City; State; Zip Code 3111 Las Cruces Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Services		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2019		5 Payee name Ramona Garza			
6 Amount (\$) \$1000.00		7 Payee address; City; State; Zip Code 813 S. 21st Ave. Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/12/2019		Payee name Zion Consulting			
Amount (\$) \$1250.00		Payee address; City; State; Zip Code 415 W. University Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expenses		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/13/2019		Payee name Yolanda Jasso			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1412 E. Samono St. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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 NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/14/2019		5 Payee name Cricket Wireless			
6 Amount (\$) \$30.00		7 Payee address; City; State; Zip Code 1101 N. Cage BLVD #7 Pharr, TX. 78577			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other: Campaign Cellphone		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/2019		Payee name The Print Shop			
Amount (\$) \$622.44		Payee address; City; State; Zip Code 3906 S. Jackson Rd. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expenses		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/2019		Payee name McAllen Digital Media			
Amount (\$) \$700.00		Payee address; City; State; Zip Code 3321 W. Albert Rd. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/15/2019		5 Payee name McShane LLC			
6 Amount (\$) \$1020.00		7 Payee address; City; State; Zip Code 7975 W. Badura Ave #1000 Las Vegas, NV 89113			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/2019		Payee name Pizza Hut			
Amount (\$) \$110.07		Payee address; City; State; Zip Code 247 E. Trenton Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expenses		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/2019		Payee name Facebook			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
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 NEEDED					

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.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
24	Deanna M. Dominguez		
4 Date	5 Payee name		
11/18/2019	HEB		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$63.63	2700 W. Freddy Gonzalez Edinburg, TX. 78539		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Food/Beverage		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
11/18/2019	Siempre Natural		
Amount (\$)	Payee address; City; State; Zip Code		
\$81.68	239 E. Trenton Edinburg, TX. 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Food/Beverage		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
11/18/2019	Aguilar Meat Market		
Amount (\$)	Payee address; City; State; Zip Code		
\$136.67	1306 E. University Dr. Edinburg, TX. 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Food/Beverage		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/2019		5 Payee name Irene Garza			
6 Amount (\$) \$1000.00		7 Payee address; City; State; Zip Code 1018 E McIntyre Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/2019		Payee name Aime Ramos			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 902 S. 19th Ave. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/2019		Payee name IShop RGV			
Amount (\$) \$450.00		Payee address; City; State; Zip Code 1306 E. University Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Services		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule F1:	24	2 FILER NAME	Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date	11/18/2019	5 Payee name	ISHOP RGV		
6 Amount (\$)	\$1000.00	7 Payee address; City; State; Zip Code	3111 Las Cruces Dr. Edinburg, TX. 78539		
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Services		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held	
Date	11/18/2019	Payee name	ISHOP RGV		
Amount (\$)	\$1000.00	Payee address; City; State; Zip Code	3111 Las Cruces Dr. Edinburg, TX. 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Services		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held	
Date	11/19/2019	Payee name	Ramona Garza		
Amount (\$)	\$1000.00	Payee address; City; State; Zip Code	1306 E. University Dr. Edinburg, TX. 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held	

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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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2019		5 Payee name Yolanda Nino			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 919 E. Lovett Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/20/2019		Payee name Facebook			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/20/2019		Payee name Beatrice Cantu			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 723 S. Ohare Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2019		5 Payee name Beatrice Cantu			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 723 S. Ohare Dr. Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/20/2019		Payee name Rio Outdoors			
Amount (\$) \$800.00		Payee address; City; State; Zip Code 1217 S. Closner Blvd. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/20/2019		Payee name EFCST			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 8601 Village Drive #220 San Antonio, TX. 78217			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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 NEEDED					

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2019		5 Payee name Edinburg Police Organization			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 1906 Selena St. Mission, TX.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution/Donation		(b) Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/20/2019		Payee name Yolanda Jasso			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1412 E. Samano St. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/21/2019		Payee name City of Edinburg-Edinburg Cares			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 415 W. University Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule F1: 24	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2019	5 Payee name Leonora Alaniz	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 320 Round Up Circle Edinburg, TX. 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 11/25/2019	Payee name La Paloma	
Amount (\$) \$33.08	Payee address; City; State; Zip Code 621 E. Cano Edinburg, TX. 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 11/25/2019	Payee name Beatrice Cantu	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 723 S. Ohare Dr. Edinburg, TX. 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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 NEEDED		

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/25/2019		5 Payee name Alicia Limon			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 5612 N. Main McAllen, TX. 78504			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/25/2019		Payee name Upper Valley Mail Service			
Amount (\$) \$1283.09		Payee address; City; State; Zip Code 1418 Beech Ave #109 McAllen, TX. 78501			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/25/2019		Payee name Zion Consulting			
Amount (\$) \$1250.00		Payee address; City; State; Zip Code 415 W. University Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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 NEEDED					

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/26/2019		5 Payee name Aguilar Meat Market			
6 Amount (\$) \$117.88		7 Payee address; City; State; Zip Code 1306 E. University Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description ☐ Check If travel outside of Texas, Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/26/2019		Payee name Facebook			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description ☐ Check If travel outside of Texas, Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/26/2019		Payee name Beatrice Cantu			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 415 W. University Dr. Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check If travel outside of Texas, Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
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 NEEDED

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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/26/2019		5 Payee name Ramona Garza			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 813 S. 21st Ave Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/29/2019		Payee name Aime Ramos			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 902 S. 19th Ave Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/29/2019		Payee name Ramona Garza			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 813 S. 21st Ave Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/2019		5 Payee name Rick Hernandez			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 317 Villarreal Edinburg, TX. 78542			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/29/2019		Payee name Nena Vega			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 503 N. 83rd St. Edinburg, TX. 78542			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/29/2019		Payee name Alejandro Solis			
Amount (\$) \$100.00		Payee address; City; State; Zip Code PO BOX 2671 Edinburg, TX. 78542			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule F1: 24		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/2019		5 Payee name Roel Solis			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code PO BOX 2671 Edinburg, TX. 78542			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/29/2019		Payee name McShane LLC			
Amount (\$) \$1020.00		Payee address; City; State; Zip Code 7975 W. Badura Ave #1000 Las Vegas, NV 89113			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other: RoboText		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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