

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: <div style="text-align: center; font-size: 1.2em;">33</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Mrs Deanna M </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px; font-size: 1.1em;">Dominguez</div>		<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received <div style="text-align: center; font-size: 0.9em;">10-07-19 10:58 AM</div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">Dms</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="display: flex; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">Receipt #</div> <div style="flex: 1; padding: 2px;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged </div>
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div> <div style="margin-top: 5px;"> <input type="checkbox"/> Change of Address </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Mr Miguel E </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px; font-size: 1.1em;">Dominguez</div>		
	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 01 / 2019 </div> <div>THROUGH</div> <div> Month Day Year 09 / 26 / 2019 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 05 / 2019 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) </div> <div> 13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.1em;">Edinburg City Council Place #3</div> </div> </div>		

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

Miguel E Dominguez

COMMITTEE CAMPAIGN TREASURER ADDRESS

1802 Point West Dr Edinburg, TX 78539

☐ Additional Pages

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)

\$ 33,188.85

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 16,939.60

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

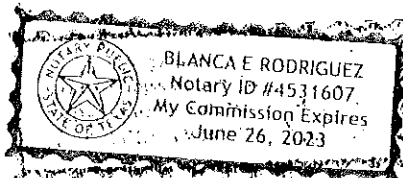
\$ 16,521.29

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 10,000

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 Michelle Dominguez, this the 7th day of October, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Blanca E. Rodriguez
Printed name of officer administering oath

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 SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29704.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3484.85
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16939.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**7****2** FILER NAME

Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)**4** Date

7/11/2019

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

Paul C. Valadez

6 Contributor address;

City; State; Zip Code

1413 S. 16th Ave

Edinburg, TX. 78542

7 Amount of contribution (\$)

\$14.00

8 Principal occupation / Job title (See Instructions)

Business Man

9 Employer (See Instructions)

Date

7/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mayra Robledo

Contributor address;

City; State; Zip Code

3217 N. C St.

McAllen, TX. 78501

Amount of contribution (\$)

\$140.00

Principal occupation / Job title (See Instructions)

Business woman

Employer (See Instructions)

Date

7/26/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Deanna Dominguez

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$5000.00

Principal occupation / Job title (See Instructions)

Teacher/Coach

Employer (See Instructions)

Date

7/29/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Celina Vasquez

Contributor address;

City; State; Zip Code

2308 Windcrest Lane

Palmhurst, TX. 78873

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Eye Doctor

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: 7
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdue 6 Contributor address; City; State; Zip Code PO Box 2916 McAllen, TX. 78502	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 8/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivia Sanchez Contributor address; City; State; Zip Code 2003 N. Opal St. Edinburg, TX. 78539	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Rio Grande Regional
Date 8/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Dominguez Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions) Teacher/Coach		Employer (See Instructions)
Date 9/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maclovía Sanchez Contributor address; City; State; Zip Code 820 Pacific Edinburg, TX 78541	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date

9/4/2019**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)**Perdue****6** Contributor address; City; State; Zip Code**PO Box 2918****McAllen, TX. 78502****7** Amount of contribution (\$)**\$400.00****8** Principal occupation / Job title (See Instructions)
Attorney**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/16/2019**Isreal Posadas**

Contributor address; City; State; Zip Code

2327 W. Rhin Dr.**Edinburg, TX 78539****\$1000.00**Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/16/2019**Jacinto Garza**

Contributor address; City; State; Zip Code

2100 W. Expy 83**Mercedes, TX 78570****\$3500.00**Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/16/2019**Superior Properties**

Contributor address; City; State; Zip Code

5401 N. 10th St. Suite 122 McAllen, TX 78501**\$500.00**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: **5****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date

9/16/2019

5 Full name of contributor

Raul Palma

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

705 Dawson Drive Edinburg, TX 78539

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Date

9/16/2019

Full name of contributor

Orlando Jimenez

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Pinkston & Irwin Edinburg, TX 78539

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

6/5/2019

Full name of contributor

Reza Badiozzamani

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2820 Royal Palm Circle McAllen, TX 78501

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

9/16/2019

Full name of contributor

Valint Source LLC

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

503 Northridge Drive Edinburg, TX 78539

Amount of contribution (\$)

\$500.00

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: **7****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date

9/16/2019**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)**Alberto Trevino****6** Contributor address; City; State; Zip Code**819 N. Veterans Blvd. Pharr, TX. 78577****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 (\$)

9/16/2019**Jeffrey Wayne Everitt**

Contributor address; City; State; Zip Code

901 South Texas Blvd. Weslaco, TX. 78596**\$1000.00**

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/16/2019**Saul Maldonado**

Contributor address; City; State; Zip Code

9113 N. 27th St. McAllen, TX. 78504**\$500.00**

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/16/2019**Perdue**

Contributor address; City; State; Zip Code

PO Box 2918 McAllen, TX. 78502**\$500.00**

Principal occupation / Job title (See Instructions)

Attorney

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: **7**2 FILER NAME **Deanna M. Dominguez**

3 Filer ID (Ethics Commission Filers)

4 Date
9/16/20195 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Luis Alamia
6 Contributor address; City; State; Zip Code
1508 Vance St. Edinburg, TX. 785397 Amount of contribution (\$)
\$50.008 Principal occupation / Job title (See Instructions)
Physical Therapist

9 Employer (See Instructions)

Date
9/17/2019Full name of contributor ☐ out-of-state PAC (ID#: _____)
Alfonso Quintanilla
Contributor address; City; State; Zip Code
100 E. Emory Ave Edinburg, TX. 78539Amount of contribution (\$)
\$1000.00Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)

Date
9/17/2019Full name of contributor ☐ out-of-state PAC (ID#: _____)
Julio Cesar Cerda
Contributor address; City; State; Zip Code
2800 N Stewart Rd. Mission, TX 78574Amount of contribution (\$)
\$2000.00Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)

Date
9/17/2019Full name of contributor ☐ out-of-state PAC (ID#: _____)
Richard Molina
Contributor address; City; State; Zip Code
[REDACTED]Amount of contribution (\$)
\$500.00Principal 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: 7
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Rock Real Estate 6 Contributor address; City; State; Zip Code 2912 S. Jackson Rd. McAllen, TX. 78503	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Real Estate Developer		9 Employer (See Instructions)
Date 9/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shavi Mantani Contributor address; City; State; Zip Code 8133 N. 1st St. McAllen, TX. 78504	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions)
Date 9/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Ruppert Contributor address; City; State; Zip Code 3803 Hobbs Dr. Edinburg, TX 78539	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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: 6	
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 8/27/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Richard Molina Sole Prop DBA Campaign 7 Contributor address; City; State; Zip Code [REDACTED]	8 Amount of Contribution \$ \$57.00	9 In-kind contribution description design
		<input type="checkbox"/> 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 8/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Richard Molina Sole Prop DBA Campaign Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution \$ \$1000.00	In-kind contribution description contract labor
		<input type="checkbox"/> 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: 6	
2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 8/29/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Richard Molina Sole Prop DBA Campaign 7 Contributor address; City; State; Zip Code [REDACTED]	8 Amount of Contribution \$ \$46.24	9 In-kind contribution description food <input type="checkbox"/> 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 8/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Richard Molina Sole Prop DBA Campaign Contributor address; City; State; Zip Code [REDACTED]	Amount of Contribution \$ \$87.30	In-kind contribution description food <input type="checkbox"/> 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: <div style="text-align: center; font-size: 1.2em;">6</div>	
2 FILER NAME <div style="text-align: center;">Deanna M. Dominguez</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <div style="text-align: center;">9/3/2019</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Mr. Richard Molina Sole Prop DBA Campaign</div> 7 Contributor address; City; State; Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	8 Amount of Contribution \$ <div style="text-align: center;">\$100.00</div>	9 In-kind contribution description <div style="text-align: center;">food & drinks</div>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center;">Business Man</div>		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 <div style="text-align: center;">9/4/2019</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Mr. Richard Molina Sole Prop DBA Campaign</div> Contributor address; City; State; Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	Amount of Contribution \$ <div style="text-align: center;">\$59.31</div>	In-kind contribution description <div style="text-align: center;">food</div>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center;">Business Man</div>		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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

6

2 FILER NAME

Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

9/20/2019

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 \$

\$5.00

9 In-kind contribution description

FB Ad

☐ 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

9/23/2019

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 \$

\$52.00

In-kind contribution description

food breakfast

☐ 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1****2** FILER NAME

Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7/26/2019

7 Name of lender☐ out-of-state PAC (ID#: _____)

Deanna M. Dominguez

9 Loan Amount (\$)

\$5000.00

6 Is lender
a financial
institution?Y ☒ N**8** Lender address; City; State; Zip Code**10** Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

Teacher

13 Employer (See Instructions)

Edinburg CISD

14 Description of Collateral☐ none**15** Check if personal funds were deposited into political
account (See Instructions)☒**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address; City; State; Zip Code☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

8/28/2019

Name of lender

☐ out-of-state PAC (ID#: _____)

Deanna M. Dominguez

Loan Amount (\$)

\$5000.00

Is lender
a financial
institution?Y ☒ N

Lender address; City; State; Zip Code

Interest rate

0

Maturity date

0

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political
account (See Instructions)☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/5/2019		5 Payee name All Valley Restaurant Supply			
6 Amount (\$) \$45.09		7 Payee address; City; State; Zip Code 301 N McColl Rd. McAllen, TX. 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 7/5/2019		Payee name Academy Sports			
Amount (\$) \$119.06		Payee address; City; State; Zip Code 651 E. Trenton Rd Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising expense shirts		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/8/2019		Payee name Aguilar Meat Market			
Amount (\$) \$86.92		Payee address; City; State; Zip Code 3317 W. University Dr Edinburg, TX 78542			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food: Meat		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/8/2019		5 Payee name Wal-Mart			
6 Amount (\$) \$34.53		7 Payee address; City; State; Zip Code 1724 West Univesity Dr. Edinburg, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food Beverage Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 7/15/2019		Payee name Cricket Wireless			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 500 N Jackson Rd Ste N8 Pharr, TX 78577-2109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/22/2019		Payee name Lowe's			
Amount (\$) \$29.75		Payee address; City; State; Zip Code 2802 University Dr Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/5/2019		5 Payee name Los Mismos			
6 Amount (\$) \$60.61		7 Payee address; City; State; Zip Code 4830 S. Jackson Rd Edinburg, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/3/2019		Payee name Edinburg Chamber of Commerce			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 602 W. University Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Sponsorship		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cookoff	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/5/2019		Payee name Sam's Club			
Amount (\$) \$170.30		Payee address; City; State; Zip Code 7601 N 10th St McAllen, TX 78504			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) drinks		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cookoff	
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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/24/2019		5 Payee name BellaMia			
6 Amount (\$) \$61.60		7 Payee address; City; State; Zip Code 500 E Cano Edinburg, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 7/29/2019		Payee name McCoys			
Amount (\$) \$106.09		Payee address; City; State; Zip Code 2901 W. University Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/29/2019		Payee name Team World Vision 6K for Water			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PO Box 70200 Tacoma, WH 98481			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Sponsorship		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense walk/run	
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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/5/2019		5 Payee name Sams			
6 Amount (\$) \$75.71		7 Payee address; City; State; Zip Code 7601N 10th St. McAllen, TX. 78504			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 7/16/2019		Payee name Ishop RGV 956			
Amount (\$) \$167.79		Payee address; City; State; Zip Code 3111 Las Cruzes Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pushcards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/26/2019		Payee name Bernando Gomez			
Amount (\$) \$2435.03		Payee address; City; State; Zip Code 50X 78577-2109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other: Campaign Cellphone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/30/2019		5 Payee name Ishop RGV 956			
6 Amount (\$) \$1695.34		7 Payee address; City; State; Zip Code 3111 Las Cruces Edinburg, TX. 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pushcards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/2019		Payee name Cricket			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 4017 S. McColl Rd Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cellphone	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/19/2019		Payee name Wal-Mart			
Amount (\$) \$56.55		Payee address; City; State; Zip Code 1724 W. University Edinburg, TX. 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Drinks		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense waters	
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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 8/7/2019	5 Payee name Irene Garza	
6 Amount (\$) \$500.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/19/2019	Payee name TJ Maxx	
Amount (\$) \$188.23	Payee address; City; State; Zip Code 443 E. Trenton Edinburg, TX. 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/15/2019	Payee name La Uni	
Amount (\$) \$516.35	Payee address; City; State; Zip Code 323 E. Owassa Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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: 16	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2019	5 Payee name Ishop RGV 956	
6 Amount (\$) \$295.63	7 Payee address; City; State; Zip Code 3111 Las Cruces Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flags
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/23/2019	Payee name PrintShop RGV	
Amount (\$) \$720.00	Payee address; City; State; Zip Code 6624 N. 10th McAllen, TX. 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs
Complete ONLY if direct expenditure to benefit C/OH		
Date 8/28/2019	Payee name IshopRGV 956	
Amount (\$) \$1135.84	Payee address; City; State; Zip Code 3111 Las Cruces Edinburg, TX. 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pushcards
Complete ONLY if direct expenditure to benefit C/OH		
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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)			
4 Date 9/4/2019	5 Payee name Sam's				
6 Amount (\$) \$140.66	7 Payee address; City; State; Zip Code 7601 N. 10th St McAllen, TX. 78504				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/5/2019	Payee name Sams				
Amount (\$) \$45.95	Payee address; City; State; Zip Code 7601 N. 10th St. McAllen, Tx. 78504				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense				
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/11/2019	Payee name Town Place Suites				
Amount (\$) \$190.00	Payee address; City; State; Zip Code 502 W. Trenton Rd. Edinburg, TX. 78539				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense				
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2019	5 Payee name Old Navy	
6 Amount (\$) \$269.39	7 Payee address; City; State; Zip Code 7900 N. 10th St McAllen, TX 78504	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 9/4/2019	Payee name Facebook	
Amount (\$) \$25.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date 9/4/2019	Payee name Sams	
Amount (\$) \$73.42	Payee address; City; State; Zip Code 7601 N. 10th St. McAllen, TX. 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) drinks expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
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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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/11/2019		5 Payee name Facebook			
6 Amount (\$) \$25.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/13/2019		Payee name Facebook			
Amount (\$) \$25.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/16/2019		Payee name Cricket			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 4017 S McColl Rd Edinburg, TX 78542			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Expenses		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cellphone	
Complete ONLY 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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/16/2019		5 Payee name Facebook			
6 Amount (\$) \$35.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/17/2019		Payee name Facebook			
Amount (\$) \$50.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/23/2019		Payee name Facebook			
Amount (\$) \$75.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2019	5 Payee name Facebook	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 9/30/2019	Payee name Facebook	
Amount (\$) \$125.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 9/3/2019	Payee name PrintShop RGV	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 6624 N 10th McAllen, TX. 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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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: 16	2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2019	5 Payee name Print Shop RGV		
6 Amount (\$) \$1340.00	7 Payee address; City; State; Zip Code 6624 N. 10th McAllen, TX 78504		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 9/10/2019	Candidate / Officeholder name E-Events		
Amount (\$) \$216.50	Office sought San Juan, TX. 78589		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Office held kick-off	
Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 9/16/2019	Candidate / Officeholder name Mesquite Grill		
Amount (\$) \$646.43	Office sought Edinburg, TX. 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Office held food	
Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/18/2019		5 Payee name PrintShop RGV			
6 Amount (\$) \$725.28		7 Payee address; City; State; Zip Code 6624 N. 10th McAllen, TX 78504			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/18/2019		Payee name Irene Garza			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 1018 E. McIntyre Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/20/2019		Payee name PrintShop RGV			
Amount (\$) \$1813.19		Payee address; City; State; Zip Code 6624 N. 10th St McAllen, TX 78504			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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: 16		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/26/2019		5 Payee name Neveah's KCC			
6 Amount (\$) \$220.00		7 Payee address; City; State; Zip Code 619S. 12th Ave Edinburg, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Sponsorship		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/25/2019		Payee name Ishop RGV			
Amount (\$) \$1067.35		Payee address; City; State; Zip Code 3111 Las Cruces Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pushcards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/3/2019		Payee name Bank of America			
Amount (\$) \$16.00		Payee address; City; State; Zip Code 1701 E Expressway 83 San Juan, TX 78589			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Bank Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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