CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		I		
The C/OH Instruction 6	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	d:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE	JSE ONLY
NAME	Mrs Deanna LAST		Date Received	.,. •••••••
	Dominguez			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	10-07-19	P01:58 IN
Change of Address			Wiros	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered o	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	Mi	Receipt #	Amount \$
TREASURER NAME	MrMiguel	E suffix	Date Processed	
	Dominguez		Date imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE#; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day afte treasurer app (Officeholder	ointment
	X July 15 8th day before ele	ection Exceeded \$500 limit	,	(Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
COVERED	07 / 01 / 2019	тняоидн 09 /	26 / 2019	9
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Hunoff Other Description		
	11 / 05 / 2019 X General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# known)	
		Edinburg City Co	ouncil Place #3	3
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME Dea	anna M. Domii	nguez	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- NDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	,
	•	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Miguel E Dominguez	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		1802 Point West Dr Edinburg, TX 7	'8539
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,188.85
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ O
	4. TOTAL	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			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code Signature of Cardidate or Officeholder			
AFFIX NOTARY STAM			
		by the said Decmna Michelle Domi	,
day of Octubes	20 20 .	to certify which, witness my hand and seal of office.	
Starrent	Kadrin	Blanca E. Lodriguez	
Signature of officer	dministering oath	Printed name of officer administering oath	Title of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us	Revised 9/8/2015

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 29704.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$ 3484.85
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	X SCHEDULE E: LOANS		\$ 10000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 16939.60	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Deanna M. Dominguez 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Paul C. Valadez 7/11/2019 \$14.00 City; State; Zip Code 6 Contributor address; Edinburg, TX. 78542 1413 S. 16th Ave 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **Business Man** Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Mayra Robledo \$140.00 7/11/2019 Contributor address; City: State; Zip Code 3217 N. C St. McAllen, TX. 78501 Employer (See Instructions) Principal occupation / Job title (See Instructions) Business woman Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Deanna Dominguez 7/26/2019 \$5000.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher/Coach Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Celina Vasquez 7/29/2019 Contributor address; City; State; Zip Code \$300.00 Palmhurst, TX. 78873 2308 Windcrest Lane Employer (See Instructions) Principal occupation / Job title (See Instructions) Eye Doctor 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Deanna M. Dominguez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Purdue City; State; Zip Code 8/19/2019 \$1000.00 6 Contributor address; PO Box 2916 McAllen, TX. 78502 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) <u>Attorney</u> Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Olivia Sanchez \$300.00 8/19/2019 Contributor address; City; State; Zip Code Edinburg, TX. 78539 2003 N. Opal St. Employer (See Instructions) Principal occupation / Job title (See Instructions) Rio Grande Regional Registered Nurse Full name of contributor out-of-state PAC (ID#; Date Amount of contribution (\$) Deanna Dominguez 8/19/2019 \$5000.00 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher/Coach Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Maclovia Sanchez 9/4/2019 Contributor address; \$500.00 City; State; Zip Code 78541 820 Pacific Edinburg, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher 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 1 Total pages Schedule A1: 7 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Deanna M. Dominguez 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Perdue City; State; Zip Code 9/4/2019 6 Contributor address; \$400.00 McAllen, TX. 78502 PO Box 2918 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Isreal Posadas 9/16/2019 City; State; Zip Code Contributor address; \$1000.00 Edinburg, TX 78539 2327 W. Rhin Dr. Employer (See Instructions) Principal occupation / Job title (See Instructions) Engineer Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Jacinto Garza 9/16/2019 Contributor address; City; State; Zip Code \$3500.00 Mercedes, TX 78570 2100 W. Expy 83 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ Superior Properties Contributor address; City; State; Zip Code 9/16/2019 \$500.00 5401 N. 10th St. Suite 122 McAllen, TX 78501 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Deanna M. Dominguez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ 9/16/2019 Raul Palma 6 Contributor address; City; State; Zip Code \$500.00 Edinburg, TX 78539 705 Dawson Drive 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Orlando Jimenez 9/16/2019 Contributor address; City; State; Zip Code \$500.00 Pinkston & Irwin Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Reza Badiozzamani 6/5/2019 Contributor address; City; State; Zip Code \$1000.00 McAllen, TX 78501 2820 Royal Palm Circle Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Valint Source LLC 9/16/2019 Contributor address; City; State; Zip Code \$500.00 Edinburg, TX 78539 503 Northridge Drive Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Deanna M. Dominguez 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Alberto Trevino 9/16/2019 6 Contributor address; City; State; Zip Code \$1000.00 Pharr, TX. 78577 819 N. Veterans Blvd. 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **Business Man** Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Date Jeffrey Wayne Everitt 9/16/2019 City; State; Zip Code Contributor address: \$1000.00 Weslaco, TX. 78596 901 South Texas Blvd. Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Saul Maldonando \$500.00 9/16/2019 City; State; Zip Code Contributor address; McAllen, TX. 78504 9113 N. 27th St. Employer (See Instructions) Principal occupation / Job title (See Instructions) Engineer Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:____ 9/16/2019 City; State; Zip Code Contributor address: McAllen, TX. 78502 PO Box 2918 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney 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 1 Total pages Schedule A1: 7 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Deanna M. Dominguez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:__ Luis Alamia 9/16/2019 \$50.00 6 Contributor address; City; State; Zip Gode Edinburg, TX. 78539 1508 VAnce St. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physical Therapist Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Alfonso Quintanilla \$1000.00 9/17/2019 Contributor address: City; State; Zip Code Edinburg, TX. 78539 100 E. Emory Ave Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Full name of contributor Date out-of-state PAC (ID#;_ Amount of contribution (\$) Julio Cesar Cerda 9/17/2019 \$2000.00 Contributor address: City; State; Zip Code 2800 N Stewart Rd. Mission, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Richard Molina 9/17/2019 Contributor address: \$500.00 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See instructions) **Business Man** 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Deanna M. Dominguez 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Red Rock Real Estate 9/17/2019 \$1000.00 City; State; Zip Code 6 Contributor address; McAllen, TX. 78503 2912 S. Jackson Rd. 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Real Estate Developer out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date Shavi Mantani \$1000.00 9/17/2019 Contributor address; City; State; Zip Code McAllen, TX. 78504 8133 N. 1st St. Employer (See Instructions) Principal occupation / Job title (See Instructions) Real Estate Developer ut-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) Date Richard Ruppert 9/20/2019 \$1000.00 Contributor address; City; State; Zip Code Edinburg, TX 78539 3803 Hobbs Dr. Employer (See Instructions) Principal occupation / Job title (See Instructions) Real Estate Developer Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

SCHEDULE A2

00.11			
Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME	Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor		le	8 Amount of 9 In-kind contribution description \$57.00 design Check if travel outside of Texas, Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1, _mpay	,
Busines: 12 Contributor's	S Man principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of In-kind contribution Contribution \$. description \$1000.00 contract labor Check if travel outside of Texas. Complete Schedule T.
0-111	The title (EOD NOVI IIIDIONI) (One Instructions)	Facalact	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	_ ⊏mpioy∈	er (FOR NON-JUDICIAL) (See Instructions)
Busines: Contributor's	S IVIAN principal occupation (FOR JUDICIAL)	Contribi	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firn	n 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 SCHED	ULEASNEEDED

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

CONT	NIBUTIONS		
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 6
2 FILER NAME	E Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor		đe .	8 Amount of 9 In-kind contribution description \$46.24 food Check if travel cutside of Texas, Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)
Busines	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of In-kind contribution description \$87,30 food
			Check if travel outside of Texas, Complete Schedule T.
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Busines			
Contributor's	s principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (If any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	JLE AS NEEDED
1.6	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A2

m. 1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
BUTIONS \$
B Amount of 9 In-kind contribution description ign de \$100.00 food & drinks Check if travel outside of Texas, Complete Schedule T.
11 Employer (FOR NON-JUDICIAL) (See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of In-kind contribution Contribution \$ description
Check if travel outside of Texas. Complete Schedule T.
Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
THIS SCHEDULE AS NEEDED

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
² FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description \$100.00 design Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL) (See Instructions)	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	9 (FOR NON-JODICIAL) (See Institutions)
Busines 12 Contributor's	SS Man principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor Out-of-state PAC (ID#) Mr. Richard Molina Sole Prop DBA Campaign 9/11/2019 Contributor address; City; State; Zip Code			Amount of in-kind contribution Contribution \$ description \$ \$978.57 . Lamar
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Check if travel outside of Texas, Complete Schedule T.
Orinnina) and	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
'		ыпрюу	is (1 of 1 for obstative)
	ss Man principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 SOURCE	III E AS NEEDED

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

CONTRIBUTIONS			
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:		
² FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$		
5 Date 6 Full name of contributor			
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 Full name of contributor	\$52.00 food breakfast		
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 1	THIS SCHEDULE AS NEEDED		
If contributor is out-of-state PAC, please see instruction			

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Revised 9/8/2015

SCHEDULE A2

Th	e instruction Guide explains how to complete this form	٦.	1 Total pages Schedule A2:
2 FILER NAMI	Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor	X. 78539	8 Amount of . 9 In-kind contribution Contribution \$. description
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor'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		ULE AS NEEDED

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

LOANS			SCHEDULE E	
The	Instruction Guide explains how to compl	ete this form.	Total pages Schedule E: 1	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Deanna M. I	Dominguez			
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)	
7/26/2019	Deanna M. Dominguez		\$5000.00	
6 Is lender a financial Institution?		State; Zip Code	10 Interestrate	
YN			11 Maturity date O	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
Teacher		Edinburg CISD		
14 Description of Colle	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
INFORMATION				
	18 Guarantor address; City; S	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
8/28/2019	Deanna M. Dominguez		\$5000.00	
ls lender		State; Zip Code	Interest rate	
a financial Institution?			0	
Y (N)			Maturity date O	
	on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Trinopar occupant	The same time (and including)			
Description of Colle	ateral	Check if personal funds were	deposited into political	
none		account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zíp Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)	A	
	All Land	I		
11.1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

Consulting Expense
Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Deanna M. Dominguez 16 ^{4 Date} 7/5/2019 ⁵ Payee name</sup> All Valley Restaurant Supply 6 Amount (\$) 7 Payee address; City; State; Zip Code \$45.09 301 N McColl Rd. McAllen, TX. 78501 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/5/2019 Academy Sports Amount (\$) Pavee address: City: State: Zip Code \$119,06 651 E. Trenton Rd Edinburg, TX 78539 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense EXPENDITURE advertising expense shirts Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/8/2019 **Aguilar Meat Market** Amount (\$) Payee address; City; State; Zip Code Edinburg, TX 78542 3317 W. University Dr \$86.92 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF ... Check if Austin, TX, officeholder living expense **EXPENDITURE** Food: Meat Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B	Food/Beverage Expense Poiling Exp By Gift/Awards/Memorials Expense Printing Ex	xpense Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
* = :	The Instruction Guide explains how to c	
1 Total pages Schedule F1:	Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
⁴ Date 7/8/2019	5 Payee name Wal-Mart	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$34.53	1724 West Univesity Dr. Edinburg,	, TX 78539
8	(a) Calegory (See Calegories listed at the top of this schedule)	(b) Description Checkif travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Food Beverage Expenses	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
7/15/2019	Cricket Wireless	
Amount (\$)	Payee address; City; State; Zip Code	
\$30.00	500 N Jackson Rd Ste N8 Pharr, T	X 78577-2109
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Office Expense	
		Campaign phone
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
7/22/2019	Lowes	
Amount (\$)	Payee address; City; State; Zip Code	
\$29.75	2802 University Dr Edinburg, TX. 7	'8539
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
	ATTA OU ADDITIONAL CODIES OF THIS	ACCUEDING ACAIFEDED
1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS MEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District

Consulting Expense Contributions/Donations Made By Printing Expense Salarles/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Deanna M. Dominguez 4 Date 5 Payee name 7/5/2019 Los Mismos City; State; Zip Code 7 Payee address; 6 Amount (\$) 4830 S. Jackson Rd Edinburg, TX 78539 \$60.61 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Food/Beverage Expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Edinburg Chamber of Commerce** 7/3/2019 City; State; Zip Code Amount (\$) Payee address; \$250.00 Edinburg, TX. 78539 602 W. University Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Sponsorship cookoff Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/5/2019 Sam's Club City; State; Zip Code Payee address; Amount (\$) \$170.30 7601 N 10th St McAllen, TX 78504 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE _ Check if Austin, TX, officeholder fiving expense EXPENDITURE drinks cookoff Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made B		
Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to o	**
1 Tatal pagas Cabadula Etc	1	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	Deanna M. Dominguez	
1 Date	5 Payee name	
7/24/2019	BellaMia	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$61.60	500 E Cano Edinburg, TX 7853	39
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Food	L Check If Austin, 1A, unioanidual namy expanse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
7/29/2019	McCoys	
Amount (\$)	Payee address; City; State; Zip Code	
\$106.09	2901 W. University Edinburg, TX.	78539
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	L
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
7/29/2019	Team World Vision 6K for Water	r
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	PO Box 70200 Tacoma, WH 9848	1
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Sponsorship	Check if Austin, TX, officeholder living expense
		walk/run
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 16 Deanna M. Dominguez 4 Date 7/5/2019 5 Payee name Sams 6 Amount (\$) 7 Payee address; City; State; Zip Code 7601N 10th St. McAllen, TX. 78504 \$75.71 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Event Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ishop RGV 956 7/16/2019 Amount (\$) Payee address; City; State; Zip Code \$167.79 3111 Las Cruzes Edinburg, TX. 78539 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE __ Check if Austin, TX, officeholder living expense OF EXPENDITURE **Printing Expense** pushcards Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/26/2019 Bernando Gomez Amount (\$) Payee address; City; State; Zip Code \$2435.03 50X 78577-2109 Category (See Categories listed at the top of this schedule) Description Check it travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder fiving expense Other: Campaign Cellphone EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Deanna M. Dominguez 4 Date 5 Payee name Ishop RGV 956 7/30/2019 6 Amount (\$) 7 Payee address; City; State; Zip Code 3111 Las Cruzes Edinburg, TX. 78539 \$1695.34 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ___ Check if Austin, TX, officeholder living expense OF **EXPENDITURE Printing Expenses** pushcards Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cricket 8/14/2019 Amount (\$) Payee address; City; State; Zip Code \$30.00 Edinburg, TX. 78539 4017 S. McColl Rd Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Office Expense EXPENDITURE cellphone Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Wal-Mart 8/19/2019 Amount (\$) Payee address; City; State; Zip Code \$56,55 1724 W. University Edinburg, TX. 78539 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Drinks waters Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Candidate/Officeholder/Political Committee Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense

Accounting/Banking
Consulting Expense
Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez 16 4 Date 5 Payee name 8/7/2019 Irene Garza 6 Amount (\$) 7 Payee address; City; State; Zip Code 1018 E. McIntyre Edinburg, TX 78539 \$500.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Contract Labor Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date TJ Maxx 8/19/2019 Amount (\$) Payee address; City; State; Zip Code \$188.23 443 E. Trenton Edinburg, TX. 78539 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Advertising Expense shirts Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/15/2019 La Uni Amount (\$) Payee address; City; State; Zip Code \$516.35 Edinburg, TX 78539 323 E. Owassa Rd Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Dheck if Austin, TX, officeholder living expense **EXPENDITURE Printing** shirts Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Solicitation/Fundralsing Expense Transportation Equipment & Related Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Poling Expense Travel In District Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filter ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Deanna M. Dominguez 16 4 Date 5 Payee name 8/19/2019 Ishop RGV 956 6 Amount (\$) 7 Payee address; City; State; Zip Code 3111 Las Cruzes Edinburg, TX 78539 \$295.63 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** _ Check if Austin, TX, officeholder living expense OF EXPENDITURE **Printing Expenses** flags Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date PrintShop RGV 8/23/2019 Amount (\$) Payee address; City; State; Zip Code \$720.00 6624 N. 10th McAllen, TX. 78504 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** __ Check if Austin, TX, officeholder living expense OF EXPENDITURE **Printing Expense** yard signs Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/28/2019 IshopRGV 956 Amount (\$) Payee address; City; State; Zlp Code \$1135.84 Edinburg, TX. 78539 3111 Las Cruzes Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check If Austin, TX, officeholder living expense **Printing** EXPENDITURE pushcards Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Glif/Awards/Memorials Expense Loan Repayment/Reimbursement Polling Expense Printing Expense

Solicitation/Fundralsing Expense

Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Salarles/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez 16 4 Date 5 Payee name 9/4/2019 Sam's 6 Amount (\$) 7 Payee address; City; State; Zip Code 7601 N. 10th St McAllen, TX. 78504 \$140.66 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Food/Beverage Expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Sams 9/5/2019 City; State; Zip Code Amount (\$) Payee address; \$45.95 McAllen, Tx. 78504 7601 N. 10th St. Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Food/Beverage Expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date 9/11/2019 **Town Place Suites** Amount (\$) Payee address; City; State; Zip Code \$190.00 502 W. Trenton Rd. Edinburg, TX. 78539 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T, **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE Event Expense** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Olficeholder/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)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		lages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2019	5 Payee name Old Navy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$269.39	7900 N. 10th St McAllen, TX 785	04
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
9/4/2019	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
9/4/2019	Sams	
Amount (\$)	Payee address; City; State; Zip Code	
\$73.42	7601 N. 10th St. McAllen, TX. 7853	9
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	drinks expense	and a second sec
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	•	Food/Beverage Expens Gift/Awards/Memorials Legal Services		Polling Exp Printing Ex Salarise AM		Travel In District Travel Out Of D	District
Credit Card Payment	ПСопиниев	~	iulde explain		omplete this form.	Office (error a c	ategory not listed above)
1 Total pages Schedule F1:	2 FILER N					3 Filer ID (E	Ethics Commission Filers)
16		Deanna N	√I. Domir	nguez			
4 Date 9/11/2019	5 Payee na	Facebook					
6 Amount (\$)	7 Payee ad	Idress; City;	; State; Z	lip Code			
\$25.00					,		
8	(a) Category	/ (See Categories listed at	the top of this s	schedule)	(b) Description	vel outside of Texas. Comp	data Schadula T
PURPOSE OF	^ al	C - 1			l [werouside in Texas, Comp Lustin, TX, officeholder I	
EXPENDITURE	Advert	asing					•
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder na	ame		Office sought	!	Office held
Date	Payee na	ime					
9/13/2019	Faceb	ook					
Amount (\$)	Payee ad	Idress; City:	; State; Zi	ip Code			
\$25.00							
	Category	/ (See Categories listed at	t the top of this s	schedule)	Description		
PURPOSE OF						rel outside of Texas. Compl	
EXPENDITURE	Advert	tising			L Check if At	ustin, TX, officeholder li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder na	ıme		Office sought		Office held
Date	Payee na	ame					
9/16/2019	Cric	:ket					
Amount (\$)	Payee ad	Idress; City:	; State; Zi	ip Code			
\$30.00	4017 S	McColl Rd	Edinbur	rg, TX	78542		
	Category	/ (See Calegories listed at	I the top of this s	schedule)	Description		
PURPOSE OF						rel outside of Texas. Compl ustin, TX, officeholder li	
EXPENDITURE	Office	Expenses					Aluð axhalisa
					cellphone	9	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder n	ame		Office sought	t	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez 16 4 Date 5 Payee name 9/16/2019 Facebook 6 Amount (\$) 7 Payee address; City; State; Zip Code \$35.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 __ Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Facebook 9/17/2019 Amount (\$) Payee address; City; State; Zip Code \$50,00 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Advertising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/23/2019 Facebook Amount (\$) Payee address; City; State; Zip Code \$75.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Advertising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment	Food/Beverage Expense by Glift/Awards/Memorials Expense al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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1 Total pages Schedule F1: 16	Deanna M. Doming	guez	3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2019	5 Payee name Facebook		
3 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$75.00			
8	(a) Category (See Categories listed at the top of this sch	· · · · · · · · · · · · · · · · · · ·	udaida af Tayra Cannolata Cabadida T
PURPOSE OF			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	Advertising	Control in Addition	n, 17, omeended living expense
Gomplete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/30/2019	Facebook		
Amount (\$)	Payee address; City; State; Zip	Code	MUSELE ST
\$125.00			
	Category (See Categories listed at the top of this sch		
PURPOSE OF		} <u></u>	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	Advertising	Check it Austii	i, IX, Unicandider Iving expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/3/2019	PrintShop RGV		
Amount (\$)	Payee address; City; State; Zip	Code	
\$200.00	6624 N 10th McAllen, TX.	78539	
	Category (See Categories listed at the top of this sch		
PURPOSE OF		<u> </u>	utside of Texas. Complete Schedule T.
EXPENDITURE	Printing	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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	AT INCHADOLITORIAL COFFECTO	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	We for the first

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez 4 Date 9/3/2019 5 Payee name Print Shop RGV 6 Amount (\$) 7 Payee address; City; State; Zip Code 6624 N. 10th McAllen, TX 78504 \$1340.00 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE Printing** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date E-Events 9/10/2019 Amount (\$) Payee address; City; State; Zip Code \$216.50 1101 E. FM Road 495 G San Juan, TX. 78589 Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF __ Check if Austin, TX, officeholder living expense EXPENDITURE **Event Expense** kick-off Office sought Gandidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/16/2019 Mesquite Grill Amount (\$) Payee address; City; State; Zip Code \$646.43 Edinburg, TX. 78539 2113 W Trenton Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T, **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE **Event** food Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expenso Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez 16 4 Date 9/18/2019 5 Payee name PrintShop RGV 6 Amount (\$) 7 Payee address; City; State; Zip Code \$725.28 6624 N. 10th McAllen, TX 78504 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE **Printing** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 9/18/2019 Irene Garza Amount (\$) Payee address; City; State; Zip Code \$500.00 1018 E. McIntyre Edinburg, TX 78539 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Contract Labor Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 9/20/2019 PrintShop RGV Amount (\$) City; State; Zip Code Payee address; \$1813.19 6624 N. 10th St McAllen, TX 78504 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ___ Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Printing EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	complete this form. Other (enter a category not listed above)			
1 Total pages Schedule F1:	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 (\$)	7 Payee address; City; State; Zip Code				
\$220.00	619S. 12th Ave Edinburg, TX 78	8539			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsorship	(b) 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 H	Office sought Office held			
Date	Payee name				
9/25/2019	Ishop RGV				
Amount (\$)	Payee address; City; State; Zip Code				
\$1067.35	3111 Las Cruzes Edinburg, TX	. 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pushcards			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
9/3/2019	Bank of America				
Amount (\$)	Payee address; City; State; Zip Code				
\$16.00	1701 E Expressway 83 San Juan	n, TX 78589			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Fees	Description Check if travel outside of Texas. Complete Schedule T. 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			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDIT E V6 MEEDED			