CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction 6	Guide explains how to complete this form.		18	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Dee "Coach" Deanna	/	Date Received	_
	NICKNAME LAST	SUFFIX	The Wheel V has kell	
	Dominguez		OCT 2 8 2019	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	AFN/ AF ENUMERS	
MAILING ADDRESS			CITY OF EDINBURG	
Change of Address			CITY MANAGER'S OFFICE	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	h	へかり
OFFICEHOLDER PHONE		·	Date Hand-delivered or Date Postmark	ted
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	MrMiguel	<i>.</i> .	Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
	Dominguez			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE#; CITY; STATE;	ZIP CODE	
(Residence or Business)				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(956) 207-9639			
9 REPORT TYPE	January 15 30th day before e	lection Euroff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 X 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	,
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	09 / 27 / 2019	тняочен 10 /	26 / 2019	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	11 / 05 / 2019 X General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)		
		Edinburg City Co	uncil Place #3	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Deanna M. Dominguez				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE TYPE	COMMITTEE NAME			
GENERAL				
SPECIFIC	COMMITTEE ADDRESS			
	COMMITTEE CAMPAIGN TREASURER NAME			
	Miguel E Dominguez			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 0		
2. TOTAL I (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3877.98		
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0				
4. TOTAL POLITICAL EXPENDITURES \$ 13,530.7				
	\$ 4217.60			
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,140.		\$ 10,140.00		
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 Gede. Notary Public, State of Texas Comm. Expires 03-14-2023 Notary ID 12848143-6 AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Deanna Michelle Domingue 2, this the 38				
day of October 20 19 , to certify which, witness my hand and seal of office.				
ministering oath	Elizabet Rodriguez Printed name of officer administering oath	Notary Public Title of officer administering oath		
	THIS BOX IS FOR NO SUPPORT THE CANDI KNOWLEDGE OR CON OF SUCH EXPENDITURED GENERAL. GENERAL. SPECIFIC 1. TOTAL P PLEDGE 2. TOTAL I (OTHER 3. TOTAL P UNLESS 4. TOTAL P LAST DA BET RODRIGUEZ bild, State of Texa xpires 03-14-2023 ID 12848143-6 SEALABOVE Ded before me, but a contract the contract of the contract	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT SUPPORT THE CANDIDATE / OFFICENCIDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICENCIDERS ARE REQUIRED TO REPORT THE OF SUCH EXPENDITURES. COMMITTEE TYPE GENERAL. GENERAL. GOMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME Miguel E Dominguez COMMITTEE CAMPAIGN TREASURER NAME Miguel E Dominguez COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZE 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD LAST DAY OF THE REPORTING PERIOD LAST DAY OF THE REPORTING PERIOD LISWOR, OF Affirm, under penalty of groups of true and correct and includes all informations and correct and includes all info		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1500.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2377.98
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,530.79
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 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#:____ Law Office of Felipe Garcia City; State; Zip Code 10/1/2019 \$500.00 6 Contributor address; 201 E. University Dr. Edinburg, TX. 78539 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Javier Hinojosa \$1000.00 10/1/2019 Contributor address; City; State; Zip Code 1308 Encanto Blvd. Mission, TX. 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:____ Contributor address; City; State; Zip Code 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.

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date Amount of 9 In-kind contribution Contribution \$ description Mr. Richard Molina Sole Prop DBA Campaign 9/27/2019 7 Contributor address; City; State; Zip Code \$250.00 Check if travel outside of Texas, Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Business Man</u> 12 Contributor's principal occupation (FOR JUDICIAL) 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) In-kind contribution Full name of contributor | | out-of-state PAC (ID#:_ Date Contribution \$ description Mr. Richard Molina Sole Prop DBA Campaign 10/1/2019 Zip Code \$300,00 Contributor address; City; State; Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Business Man 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:
² FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		BUTIONS	\$
5 Date 10/16/2019	6 Full name of contributor	le	8 Amount of . 9 in-kind contribution Contribution \$. description \$. \$497.98
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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 10/18/2019	Full name of contributor		Amount of In-kind contribution Contribution \$ description \$1000.00 Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Contrib		Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law fir		Law firm	n of contributor's spouse (if any) (FOR JUDIGIAL)
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.			

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:
² FILER NAME Deanna M. Dominguez				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		ONS	\$	
	6 Full name of contributor out-of-state PAC (ID#: Mr. Richard Molina Sole Prop DBA Camp 7 Contributor address; City; State; Zip Coc	de		8 Amount of 9 In-kind contribution Contribution \$ description \$ \$200.00 graphic design Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL) (See Instructions)
Busines				
12 Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	lor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	emptoyer/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	 de		Amount of Contribution \$ In-kind contribution description \$ 130.00 Food
10/5/2019				Check if travel outside of Texas. Complete Schedule T.
Principal occi Business	upation / Job title (FOR NON-JUDICIAL) (See Instructions) S Man		Employe	r (FOR NON-JUDICIAL) (See Instructions)
	principal occupation (FOR JUDICIAL)		Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/iaw 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)				
if	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction			

Forms provided by Texas Ethics Commission

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 Food/Beverage Expense Polling Contributions/Donations Made By Gilft/Awards/Memorials Expense Printing Candidate/Officeholder/Political Committee Legal Services Salarie		Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide expl	ains how to complete this form.		
1 Total pages Schedule F1:	: 2 FILER NAME Deanna M. Don	ninguez	3 Filer ID (Ethics Commission Filers)	
^{4 Date} 9/30/2019	⁵ Payee name Facebook			
6 Amount (\$) \$125.00	7 Payee address; City; State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave	el outside of Texas. Complete Schedule T, istin, TX, officeholder living expense	
9 Complete ONLY If direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held	
Date 10/1/2019	Payee name Irene Garza			
Amount (\$)	Payee address; City; State; Zip Code			
\$1000.00	1018 E Mcintyre Edinburg	, TX 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if travel	loutside of Texas. Complete Schedule T. stln, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
10/2/2019	Facebook			
Amount (\$) \$45.25	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if travel	l outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee 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 10/3/2019 Pizza Hut 6 Amount (\$) 7 Payee address; City; State; Zip Code 1802 S. Closner Edinburg, TX 78539 \$40.83 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Deck if Austin, TX, officeholder living expense OF EXPENDITURE Food/Beverage Expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date My Place Cafe 10/7/2019 City; State; Zip Code Amount (\$) Payee address; \$369.75 1212 S Closner 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 Food/Beverage Expense meet and greet Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/9/2019 **KFC** Amount (\$) Payee address; City; State; Zip Code \$78.09 Edinburg, TX 78539 2411 S. HWY 281. 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 walkers 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)

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor 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 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Deanna M. Dominguez 4 Date 5 Payee name 10/1/2019 Wal-Mart 6 Amount (\$) 7 Payee address; City; State; Zip Code 1724 W. University Edinburg, TX 78539 \$214.05 (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 Food/Beverage Expense EXPENDITURE Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cricket Wireless 10/15/2019 Amount (\$) Payee address; City; State; Zip Code \$30.00 500 N. Jackson Pharr, TX. 78577 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 Other: Cell Phone Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/16/2019 Facebook Amount (\$) Payee address; City; State; Zip Code \$175.00 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 **Advertising Expenses EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing 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 co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)		
4 Date 10/16/2019	5 Payee name UDM Dance			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$100.00	3207 W. Alberta Rd. Edinburg, TX	78542		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Sponsorship Expenses	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/16/2019	The Print Shop			
Amount (\$)	Payee address; City; State; Zip Code			
\$108.25	3906 S Jackson Rd Edinburg, TX	78539		
	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	Other: Cell Phone	business cards		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/16/2019	The Print Shop			
Amount (\$)	Payee address; City; State; Zip Code			
\$1000.00	3906 S Jackson Rd Edinburg, TX	78539		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense		
		signs		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor 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 11 4 Date 5 Payee name 10/18/2019 Wing Barn 6 Amount (\$) 7 Payee address; City; State; Zip Code 4013 I-69C Edinburg, TX 78539 \$105.15 (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 Food/Beverage Expenses walkers Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Yolando Jasso 10/18/2019 Amount (\$) Payee address; City; State; Zip Code \$500.00 Edinburg, TX. 78539 1412 E. Samano St. 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 **Contract Labor** Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH Payee name Date 10/18/2019 Irene Garza Amount (\$) Payee address; City; State; Zip Code \$3000.00 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** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Contract Labor 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 Consulting Expense
Contributions/Donations Made By

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 Salarles/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services 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 11 ^{4 Date}10/18/2019 5 Payee name **RGV Print Shop** 6 Amount (\$) 7 Payee address; City; State; Zip Code 3906 S Jackson Rd Edinburg, TX 78539 \$362,63 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Deck if Austin, TX, officeholder living expense **Printing Expenses** signs Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Walk-Ons 10/21/2019 Amount (\$) City; State; Zip Code Pavee address: \$468.34 415 W. Trenton 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 EXPENDITURE Food/Beverage Expense meet and greet Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/21/2019 Sam's Club Amount (\$) Payee address; City; State; Zip Code \$687.19 7601 N. 10th St McAllen, TX 78504 Category (See Categories listed at the top of this schedule) Check if Iravel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Food/Beverage Expense fundraiser Office held Office sought Complete ONLY if direct Candidate / Officeholder name 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 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

Consulting Expense
Contributions/Donations Made By 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez ^{4 Date}10/21/2019 5 Payee name **Aguilars Meat Market** City; State; Zip Code 6 Amount (\$) 7 Payee address; \$725.40 1306 E. University Dr Edinburg, TX 78539 (b) Description (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 fiving expense Food Expense fundraiser Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Wal-Mart 10/21/2019 Amount (\$) Payee address; City; State; Zip Code \$60.87 Edinburg, TX 78539 1724 W. University 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/Beverage Expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/21/2019 HEB Amount (\$) Payee address: City; State; Zip Code \$35.74 2700 W. Freddy Gonzalez Dr. Edinburg, TX 78539 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 Food/Beverage Expense fundraiser 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Deanna M. Dominguez 4 Date 10/22/2019 5 Payee name Pizza Hut 6 Amount (\$) 7 Payee address; City; State; Zip Code \$143.60 1802 S. Closner Blvd Edinburg, TX 78539 (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** Food/Beverage Expense walkers Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Willie B's 10/22/2019 Amount (\$) City; State; Zip Code Payee address; \$2.54 114 E. Loeb St. Edinburg, TX 78539 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 10/22/2019 Yolanda Nino Amount (\$) Payee address; City; State; Zip Code \$500.00 919 E. Lovett St. Edinburg, TX. 78539 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Contract Labor OF __ Check if Austin, TX, officeholder living expense EXPENDITURE 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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundralsing Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services 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 11 4 Date 5 Payee name 10/22/2019 Ricardo Hernandez City; State; Zip Code 6 Amount (\$) 7 Payee address; 317 Villarreal St Edinburg, TX 78539 \$250.00 (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 Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Nena Vega 10/22/2019 Amount (\$) Payee address; City; State; Zip Code \$250.00 Edinburg, TX. 78539 503 N. 83rd St 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 **Contract Labor** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/23/2019 Moonlight Cafe Amount (\$) Payee address; City; State; Zip Code \$161.15 3911 S. Business HWY 281 Pharr, TX 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** Food/Beverage Expense walkers 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)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Advertising Expense **Event Expense** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense GifVAwards/Memorials Expense Travel In District Contributions/Donations Made By Printing Expense Salarles/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 4 Date 5 Payee name 10/22/2019 Chick-Fila 6 Amount (\$) 7 Payee address; City; State; Zip Code 1360 W University Edinburg, TX 78539 \$91.81 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Food/Beverage Expenses Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ludivina Salinas 10/24/2019 Amount (\$) Payee address; City; State; Zip Code \$500.00 1200 Ash Ave McAllen, TX 78501 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 Contract work Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/24/2019 La Uni Amount (\$) Payee address; City; State; Zip Code Edinburg, TX 78539 323 E. Owassa Rd \$77.00 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 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/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 11 4 Date 10/11/2019 5 Payee name IShop RGV 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1677.88 3111 Las Cruzes Edinburg, TX. 78539 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE **Printing Expense** mailer 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Upper Valley Mail Services LLC 10/21/2019 Amount (\$) Payee address; City; State; Zip Code \$1283.09 1418 Beech Ave # 109 McAllen, TX, 78501 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED