

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <div style="text-align: center; font-size: 1.2em;">18</div>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR NICKNAME</div> <div>FIRST Deanna LAST</div> <div>MI M SUFFIX</div> </div> <div style="text-align: center; font-size: 1.1em; margin-top: 5px;">Dominguez</div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>OFFICE USE ONLY</b> </div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Received</div> <div style="font-size: 1.5em; color: blue; transform: rotate(-15deg); margin-bottom: 10px;">07-15-19 P03:09 IN</div> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="font-size: 0.6em;">16</div> </div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Processed</div> <div style="font-size: 0.8em;">Date Imaged</div>
	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>		
<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>			
<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR NICKNAME</div> <div>FIRST Miguel LAST</div> <div>MI E SUFFIX</div> </div> <div style="text-align: center; font-size: 1.1em; margin-top: 5px;">Dominguez</div>			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>		
<b>6</b> CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR NICKNAME</div> <div>FIRST Miguel LAST</div> <div>MI E SUFFIX</div> </div> <div style="text-align: center; font-size: 1.1em; margin-top: 5px;">Dominguez</div>		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>		
<b>8</b> CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>( 956 )</span> <span>207-9639</span> </div>		
<b>9</b> REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<b>10</b> PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> MonthDayYear </div> <div style="font-size: 1.1em;">05 / 08 / 2019</div> </div> <div style="font-size: 0.8em;">THROUGH</div> <div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> MonthDayYear </div> <div style="font-size: 1.1em;">06 / 30 / 2019</div> </div> </div>		
<b>11</b> ELECTION	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> MonthDayYear </div> <div style="font-size: 1.1em;">11 / 05 / 2019</div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                             </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special                             </div> <div> <input type="checkbox"/> Other Description                             </div> </div> </div> </div>		
<b>12</b> OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div> <b>13</b> OFFICE SOUGHT (if known)   <div style="font-size: 1.1em; margin-top: 10px;">Edinburg City Council Place #3</div> </div> </div>		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Miguel E Dominguez

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,151.63
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 5243.51
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3382.49
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 140.00

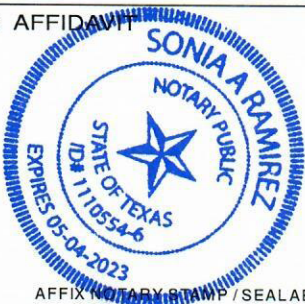
**18 AFFIDAVIT**

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]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *[Signature]*, this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

*[Signature]* Sonia A. Ramirez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath





**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7356.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2585.63
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 140.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5243.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Deanna M. Dominguez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/7/2019**

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

**Mr. Richard Molina Sole Prop DBA Campaign**

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

**\$5000.00**

8 Principal occupation / Job title (See Instructions)

**Business Man**

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

**5/20/2019**

**Margot Longoria**

Contributor address; City; State; Zip Code

**8700 Honeysuckle TRL Austin, TX. 78759-7515**

**\$500.00**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**5/20/2019**

**Estella G. Lopez**

Contributor address; City; State; Zip Code

**1908 Ariel LN Edinburg, TX. 78539**

**\$500.00**

Principal occupation / Job title (See Instructions)

**Business Woman**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**5/30/2019**

**Arnold Sanchez**

Contributor address; City; State; Zip Code

**2102 Alberta RD Edinburg, TX. 78539**

**\$200.00**

Principal occupation / Job title (See Instructions)

**Pharmacist**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)

4 Date

6/05/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Access Insurance Agency

6 Contributor address;

City; State; Zip Code

5115 S Business 281 Suite B Edinburg, TX. 78539

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

Business

9 Employer (See Instructions)

Date

6/05/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ruben R. Ramirez Law Firm, PLLC

Contributor address;

City; State; Zip Code

3321 W Alberta RD Suite B Edinburg, TX. 78539

Amount of contribution (\$)

\$140.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

6/5/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Arminda D. Salinas

Contributor address;

City; State; Zip Code

2408 N Mon Mack Rd. Edinburg, TX 78539

Amount of contribution (\$)

\$56.00

Principal occupation / Job title (See Instructions)

Business Woman

Employer (See Instructions)

Date

6/5/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Apolonio or Sylvia Salinas

Contributor address;

City; State; Zip Code

6207 N Seminary Rd Edinburg, TX 78541

Amount of contribution (\$)

\$210.00

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **5****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date  
  
**6/5/2019****5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)**Jaime Octavio Perez****6** Contributor address; City; State; Zip Code**1922 Mesquite St. Edinburg, TX 78539****7** Amount of contribution (\$)**\$28.00****8** Principal occupation / Job title (See Instructions)  
**Business Man****9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

**6/5/2019****Gabriela Cano**

Contributor address; City; State; Zip Code

**814 W. Puente St Edinburg, TX 78541****\$14.00**

Principal occupation / Job title (See Instructions)

**Business Woman**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**6/5/2019****Carlos Ybarra**

Contributor address; City; State; Zip Code

**4810 Ritz Ave Edinburg, TX 78542****\$28.00**

Principal occupation / Job title (See Instructions)

**Business Man**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**6/5/2019****Maria Lara**

Contributor address; City; State; Zip Code

**1701 Oaks Rd Edinburg, TX 78539****\$28.00**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **5****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date

6/5/2019

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**Maria M Bazan****6** Contributor address;

City; State; Zip Code

**3023 Las Cruces Dr****Edinburg, TX 78539****7** Amount of contribution (\$)**\$14.00****8** Principal occupation / Job title (See Instructions)**Business Woman****9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6/5/2019

**Roslinda Hampton**

Contributor address;

City; State; Zip Code

**1112 Durmiendo St****Edinburg, TX 78539**

Amount of contribution (\$)

**\$28.00**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6/5/2019

**Mary Margaret DeLeon**

Contributor address;

City; State; Zip Code

**417 E. Kuhn St.****Edinburg, TX 78541**

Amount of contribution (\$)

**\$14.00**

Principal occupation / Job title (See Instructions)

**Business Woman**

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6/5/2019

**Reynaldo Lopez**

Contributor address;

City; State; Zip Code

**503 Northridge Drive****Edinburg, TX 78539**

Amount of contribution (\$)

**\$14.00**

Principal occupation / Job title (See Instructions)

**Business Man**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **5****2** FILER NAME **Deanna M. Dominguez****3** Filer ID (Ethics Commission Filers)**4** Date

6/5/2019

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**Rebecca Hesbrook Garcia****6** Contributor address;

City; State; Zip Code

**1203 Joann CT****Edinburg, TX 78539****7** Amount of contribution (\$)**\$42.00****8** Principal occupation / Job title (See Instructions)**Business Woman****9** Employer (See Instructions)

Date

6/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Celina Garcia Vasquez OD**

Contributor address;

City; State; Zip Code

**2308 Windcrest LN****Palmhurst, TX. 78573**

Amount of contribution (\$)

**\$500.00**

Principal occupation / Job title (See Instructions)

**Optometrist**

Employer (See Instructions)

Date

6/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Arnold Sanchez**

Contributor address;

City; State; Zip Code

**2102 Alberta RD****Edinburg, TX. 78539**

Amount of contribution (\$)

**\$50.00**

Principal occupation / Job title (See Instructions)

**Pharmacist**

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

5/10/2019

6 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mr. Richard Molina Sole Prop DBA Campaign

7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$

9 In-kind contribution description

\$2435.63

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

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

Business Man

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

5/10/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mr. Richard Molina Sole Prop DBA Campaign

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

\$150.00

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

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

Business Man

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

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

Deanna M. Dominguez

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

\$ 140.00

**5** Date of loan

4/24/2019

**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_ )

Deanna M. Dominguez

**9** Loan Amount (\$)

\$140.00

**6** Is lender  
a financial  
institution?Y ☒ N**8** Lender address;

City;

State;

Zip Code

**10** Interest rate

0

**11** Maturity date**12** Principal occupation / Job title (See Instructions)

Teacher

**13** Employer (See Instructions)

Edinburg CISD

**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political  
account (See Instructions)☒**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender  
a financial  
institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>		2 FILER NAME <b>Deanna M. Dominguez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/2/2019</b>		5 Payee name <b>Bank of America</b>			
6 Amount (\$) <b>\$79.55</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 15284 Wilmington, DE 19850</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/16/2019</b>		Payee name <b>Cricket Wireless</b>			
Amount (\$) <b>\$67.89</b>		Payee address; City; State; Zip Code <b>500 N Jackson Rd Ste N8 Pharr, TX 78577-2109</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>other: campaign cellphone</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/17/2019</b>		Payee name <b>La Uni Print</b>			
Amount (\$) <b>\$184.03</b>		Payee address; City; State; Zip Code <b>321 E Owassa Rd Edinburg, TX 78542</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>		<b>2</b> FILER NAME <b>Deanna M. Dominguez</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>5/20/2019</b>		<b>5</b> Payee name <b>Wal-Mart Stores</b>			
<b>6</b> Amount (\$) <b>\$79.05</b>		<b>7</b> Payee address; City; State; Zip Code <b>1724 W University Dr Edinburg, TX 78539</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/30/2019</b>		Payee name <b>HEB Store</b>			
Amount (\$) <b>\$105.60</b>		Payee address; City; State; Zip Code <b>1212 S Closner Edinburg, TX 78539</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Solicitation/Fundraising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6/3/2019</b>		Payee name <b>Aguilar Meat Market</b>			
Amount (\$) <b>\$58.39</b>		Payee address; City; State; Zip Code <b>1306 E. University Dr. Edinburg, TX 78539</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Solicitation/Fundraising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>Deanna M. Dominguez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/3/2019</b>	5 Payee name <b>Sam Club Stores</b>	
6 Amount (\$) <b>\$125.46</b>	7 Payee address; City; State; Zip Code <b>7601 N 10th St McAllen, TX 78504</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>6/3/2019</b>	Payee name <b>Aguilar Meat Market</b>	
Amount (\$) <b>\$82.50</b>	Payee address; City; State; Zip Code <b>1306 E. University Dr. Edinburg, TX 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>6/5/2019</b>	Payee name <b>La Uni Print</b>	
Amount (\$) <b>\$264.13</b>	Payee address; City; State; Zip Code <b>232 E Owassa Rd Edinburg, TX 78542</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Deanna M. Dominguez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/5/2019</b>	<b>5</b> Payee name <b>La Uni Print</b>	
<b>6</b> Amount (\$) <b>\$589.96</b>	<b>7</b> Payee address; City; State; Zip Code <b>232 E Owassa Rd Edinburg, TX 78542</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>6/6/2019</b>	Candidate / Officeholder name <b>Renaissance Cares Foundation</b>	
Amount (\$) <b>\$177.00</b>	Payee address; City; State; Zip Code <b>5501 S Mccoll Rd University Dr. Edinburg, TX 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contribution/Donations made by candidate/officeholder</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>6/7/2019</b>	Candidate / Officeholder name <b>Aguilar Meat Market</b>	
Amount (\$) <b>\$1000.00</b>	Payee address; City; State; Zip Code <b>1306 E University Dr Edinburg, TX 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraiser</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>Aguilar Meat Market</b>		
Office sought <b></b>		
Office held <b></b>		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>		<b>2</b> FILER NAME <b>Deanna M. Dominguez</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>6/10/2019</b>		<b>5</b> Payee name <b>TJ Maxx</b>			
<b>6</b> Amount (\$) <b>\$157.95</b>		<b>7</b> Payee address; City; State; Zip Code <b>443 East Trenton Rd Edinburg, TX 78539</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Advertising Expenses</b>		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/12/2019</b>		Payee name <b>McAllen Chamber of Commerce</b>			
Amount (\$) <b>\$220.00</b>		Payee address; City; State; Zip Code <b>1200 Ash Ave McAllen, TX 78501</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Printing Expense</b>		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>business cards</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/14/2019</b>		Payee name <b>Cricket Wireless</b>			
Amount (\$) <b>\$30.00</b>		Payee address; City; State; Zip Code <b>500 N Jackson Rd Ste N8 Pharr, TX 78577-2109</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  <b>Other: Campaign Cellphone</b>		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>Deanna M. Dominguez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6/14/2019</b>	5 Payee name <b>RGV Print Shop</b>
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6 Amount (\$) <b>\$130.00</b>	7 Payee address; City; State; Zip Code <b>443 East Trenton Rd Edinburg, TX 78539</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/14/2019</b>	Payee name <b>Irene Garza</b>
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Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>1018 E McIntyre Edinburg, TX 78539</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/19/2019</b>	Payee name <b>Lisa Cerda</b>
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Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>500 N Jackson Rd Ste N8 Pharr, TX 78577-2109</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>meet and greet</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Deanna M. Dominguez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/20/2019</b>	<b>5</b> Payee name <b>Nevaeh's Kidz</b>	
<b>6</b> Amount (\$) <b>\$200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>4610 S Closner Blvd Edinburg, TX 78539</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Contribution/Donations made by candidate/officeholder</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <b>6/20/2019</b>	Payee name <b>Edinburg United Police Officer Association</b>	
Amount (\$) <b>\$230.00</b>	Payee address; City; State; Zip Code <b>1702 S Closner Blvd. Edinburg, TX 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Contribution/Donations made by candidate/officeholder</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <b>6/25/2019</b>	Payee name <b>Hidalgo Masonic Lodge</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>121 S. 9th Ave Edinburg, TX 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Contribution/Donations made by candidate/officeholder</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Deanna M. Dominguez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/25/2019</b>	<b>5</b> Payee name <b>Los Mismos</b>	
<b>6</b> Amount (\$) <b>\$62.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>4380 S Jackson Rd Edinburg, TX 78539</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>meet and greet</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <b>6/25/2019</b>	Payee name <b>Edinburg Step Up</b>	
Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>910 Sugar Rd. Edinburg, TX 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contributions/Donations made by a Candidate/Officeholder</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <b>6/26/2019</b>	Payee name <b>Edinburg High Football</b>	
Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>2600 E Wisconsin Rd Edinburg, TX 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contributions/Donations made by a Candidate/Officeholder</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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