

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) _____ 2 Total pages filed: <u>17</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;"> Deanna m Dominguez </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div>		OFFICE USE ONLY Date Received <div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> B </div> Date Hand-delivered or Date Postmarked
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 30px; margin-top: 5px;"></div>		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;"> Miguel E Dominguez </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> NICKNAME LAST SUFFIX </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 60px; margin-top: 5px;"></div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;"> (950) 207-9639 </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input 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 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; align-items: center; justify-content: space-between;"> <div> Month Day Year <u>12</u> / <u>01</u> / <u>19</u> </div> <div>THROUGH</div> <div> Month Day Year <u>12</u> / <u>31</u> / <u>19</u> </div> </div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <u>12</u> / <u>10</u> / <u>19</u> </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex;"> <div style="flex: 1;"> OFFICE HELD (if any) <div style="font-size: 1.5em; margin-top: 10px;">None</div> </div> <div style="flex: 1;"> 13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; margin-top: 10px;">Place 3 City of Edinburg</div> </div> </div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Deanna M. Dominguez

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,700.-

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 14318.95

CONTRIBUTION
BALANCE

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

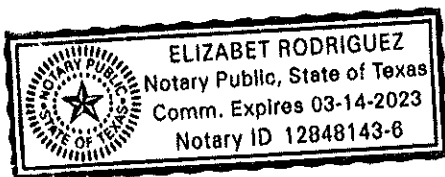
\$ 27.02

OUTSTANDING
LOAN TOTALS

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

\$ 10140.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 75, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Deanna M. Dominguez, this the 15 day of January, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Elizabeth Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Deanna M. Dominguez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 6700.7

2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 1066.93

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ 10140.00

4. ☒ SCHEDULE E: LOANS

\$ 14318.95

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

Revised 9/8/201

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)

4 Date 12/2/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Isael Posadas

6 Contributor address;

City; State; Zip Code

2327 W. Rhin Dr, Edinburg, Tx 78539

7 Amount of contribution (\$)

\$1500.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

2GC Construction & Design

Contributor address;

City; State; Zip Code

1411 Amaylis, Weslaco, Tx 78599

Amount of contribution (\$)

\$1400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Isael Posadas

Contributor address;

City; State; Zip Code

2327 W. Rhin Dr, Edinburg, Tx 78539

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Diane Hizar

Contributor address;

City; State; Zip Code

11601 S. Cage Blvd, Pharr, Tx 78577

Amount of contribution (\$)

\$400.00

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.

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME Deanna M. Dominguez

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/19

5 Full name of contributor

Ruben R. Ramirez

☐ out-of-state PAC (ID#)

6 Contributor address;

City; State; Zip Code

9023 22nd Lane, McAllen, Tx 78504

7 Amount of contribution (\$)

\$ 700.00

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Date

12/10/19

Full name of contributor

Richard Molina

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/19

Full name of contributor

Mike Dominguez

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/19

Full name of contributor

Alfonso Quintanilla

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

100 E. Emory Ave., McAllen, Tx

Amount of contribution (\$)

\$ 150.00

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: <u>2</u>	
2 FILER NAME <u>Deanna M. Dominguez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>941.93</u>	
5 Date <u>12/1/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Richard Ruiz</u>	8 Amount of Contribution \$ <u>300.-</u>	9 In-kind contribution description <u>Advertisement</u>
7 Contributor address: City; State; Zip Code <u>1902 W. Canton Rd. Edinburg 78539</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Business Owner</u>		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 <u>12/8/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Richard Ruiz</u>	Amount of Contribution \$ <u>641.93</u>	In-kind contribution description <u>Advertisement</u>
Contributor address: City; State; Zip Code <u>1902 W. Canton Rd. Edinburg TX</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Business Owner</u>		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.

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: <u>2</u>	
2 FILER NAME <u>Deanna M. Dominguez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>125.00</u>	
5 Date <u>12/26/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Richard Molina</u> 7 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	8 Amount of Contribution \$ <u>125.00</u>	9 In-kind contribution description <u>Contract labor</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Business Owner</u>		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 <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1: 9

2 FILER NAME

Deanna m Dominguez

4 Date

12/2/19

5 Payee name

Facebook Advertising

6 Amount (\$)

292.99

7 Payee address;

City; State; Zip Code

1 Hacker Way, Menlo Park, CA 94025

8

PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Facebook

Office sought

Office held

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Date

12/9/19

Payee name

go daddy.com

Amount (\$)

10.65

Payee address;

City; State; Zip Code

Scottsdale, Arizona, U.S

Category (See Categories listed at the top of this schedule)

Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

web domain

Office sought

Office held

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Date

12/6/19

Payee name

American Foundation of Suicide Prevention

Amount (\$)

100.00

Payee address;

City; State; Zip Code

440. First St. NW suite 300 Washington, DC. 20001

Category (See Categories listed at the top of this schedule)

Contribution

Description

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Donation

Office sought

Office held

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2019

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1:

9

2 FILER NAME

Deanna M. Dominguez

4 Date

12/2/19

5 Payee name

Irene Garza

6 Amount (\$)

250.00

7 Payee address;

City; State; Zip Code

1018 E. McIntyre St., Edinburg, Tx 78541

8

PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Salaries/Wages/
Contract labor

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Contract labor

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

12/3/19

Payee name

The Monitor

Amount (\$)

850.00

Payee address; City; State; Zip Code

1400 E. Nolana, McAllen, Tx 78504

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Advertising

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

12/5/19

Payee name

Upper Valley Mail Service LLC

Amount (\$)

1,283.09

Payee address; City; State; Zip Code

1418 Beech Ave, Ste. #109, McAllen, Texas 78501

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Mailout

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/19	5 Payee name Yolanda Nino	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 919 E. Lovett St., Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/9/19	Payee name Maria Narvaez	
Amount (\$) 200.00	Payee address; City; State; Zip Code 4420 N. Jackson, Edinburg, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/2/19	Payee name Ramona Garza	
Amount (\$) 250.00	Payee address; City; State; Zip Code 813 S. 21st Ave., Edinburg TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1: 9	2 FILER NAME Deanna M. Dominguez						
4 Date 12/2/19	5 Payee name Aime Ramos						
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 902 S. 19th Ave, Edinburg, Tx 78539						
8 PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Salaries/wages Contract Labor</td> <td> <table border="1"> <tr> <td>(b) Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Contract Labor</td> <td></td> </tr> </table> </td> </tr> </table>	(a) Category (See Categories listed at the top of this schedule) Salaries/wages Contract Labor	<table border="1"> <tr> <td>(b) Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Contract Labor</td> <td></td> </tr> </table>	(b) Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Contract Labor	
(a) Category (See Categories listed at the top of this schedule) Salaries/wages Contract Labor	<table border="1"> <tr> <td>(b) Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Contract Labor</td> <td></td> </tr> </table>	(b) Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	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						
Contract Labor							
9 Complete ONLY if direct expenditure to benefit C/OH							

Candidate / Officeholder name

Office sought

Office held

Date 12/4/19	Payee name McAllen Digital Media						
Amount (\$) 800.00	Payee address; City; State; Zip Code 3321 W. Alberta Rd, Edinburg, Tx						
PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>Category (See Categories listed at the top of this schedule) Advertising Expense</td> <td> <table border="1"> <tr> <td>Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Advertising</td> <td></td> </tr> </table> </td> </tr> </table>	Category (See Categories listed at the top of this schedule) Advertising Expense	<table border="1"> <tr> <td>Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Advertising</td> <td></td> </tr> </table>	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Advertising	
Category (See Categories listed at the top of this schedule) Advertising Expense	<table border="1"> <tr> <td>Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Advertising</td> <td></td> </tr> </table>	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Advertising			
Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Advertising							
Complete ONLY if direct expenditure to benefit C/OH							

Candidate / Officeholder name

Office sought

Office held

Date 12/5/19	Payee name The Print Shop						
Amount (\$) 806.46	Payee address; City; State; Zip Code 3906 S. Jackson Rd, Edinburg, Tx						
PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>Category (See Categories listed at the top of this schedule) Advertising Expense</td> <td> <table border="1"> <tr> <td>Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Advertising</td> <td></td> </tr> </table> </td> </tr> </table>	Category (See Categories listed at the top of this schedule) Advertising Expense	<table border="1"> <tr> <td>Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Advertising</td> <td></td> </tr> </table>	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Advertising	
Category (See Categories listed at the top of this schedule) Advertising Expense	<table border="1"> <tr> <td>Description</td> <td> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td>Advertising</td> <td></td> </tr> </table>	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Advertising			
Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Advertising							
Complete ONLY if direct expenditure to benefit C/OH							

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 2 FILER NAME Deanna M. Dominguez 3 Filer ID (Ethics Commission Filers)

4 Date 12/6/19 5 Payee name 1 ShopRGV

6 Amount (\$) 1,000.00 7 Payee address; City; State; Zip Code 3111 Las Cruces Dr., Edinburg, Tx 78539

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Advertising

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12/11/19 Payee name Upper Valley Mail Services

Amount (\$) 1,283.09 Payee address; City; State; Zip Code 1418 Beech Ave., Ste.# 109, McAllen, Tx 78501

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Mailout

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12/10/19 Payee name The Monitor

Amount (\$) 2,040.00 Payee address; City; State; Zip Code 1400 E. Nolana, McAllen, Tx 78504

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Advertising

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 12/10/19	5 Payee name Irene Garza	
6 Amount (\$) ✓ 650.00	7 Payee address; City; State; Zip Code 1018 E. McIntyre St., Edinburg, Tx 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/9/19	Payee name Leonora Alaniz	
Amount (\$) ✓ 300.00	Payee address; City; State; Zip Code 320 Round Up Circle, Edinburg, Tx 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/ Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/9/19	Payee name Ludivina Salinas	
Amount (\$) ✓ 160.00	Payee address; City; State; Zip Code 1106 E. Lovett St., Edinburg, Tx 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/ Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME Deanna M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/9/19		5 Payee name Yolanda Nino			
6 Amount (\$) 750.00		7 Payee address; City; State; Zip Code 919 E. Lovett St, Edinburg, Tx			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Contract Labor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/9/19		Payee name Yolanda Jasso			
Amount (\$) 800.00		Payee address; City; State; Zip Code 1412 E. Samano St., Edinburg, Tx			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/19		Payee name Maria Narvaez			
Amount (\$) 200.00		Payee address; City; State; Zip Code 4420 N. Jackson, Edinburg, Tx			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
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: 9	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 12/11/19	5 Payee name The Monitor	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 1400 E. Nolana, McAllen, Tx 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 12/10/19	Payee name Ramona Garza	
Amount (\$) 500.00	Payee address; City; State; Zip Code 813 S. 21st Ave., Edinburg, Tx 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/ Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 12/10/19	Payee name Irene Garza	
Amount (\$) 300.00	Payee address; City; State; Zip Code 1018 E. McIntyre St., Edinburg, Tx 78541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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: 9	2 FILER NAME Deanna M. Dominguez	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/19	5 Payee name Aguilar Meat Market	

6 Amount (\$) ✓ 342.67	7 Payee address; City; State; Zip Code 130 Le East University Dr., Edinburg, Tx 78539
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Food
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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 12/2/19	Payee name Sam Antonio
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Amount (\$) 150.00	Payee address; City; State; Zip Code 2116 N. Erika St., Pharr, Tx 78577
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

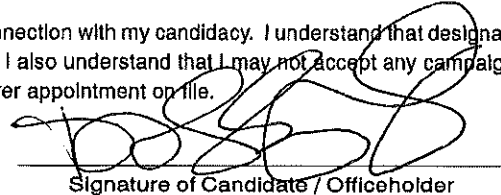
1 C/OH NAME

Deanna M. Dominguez

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

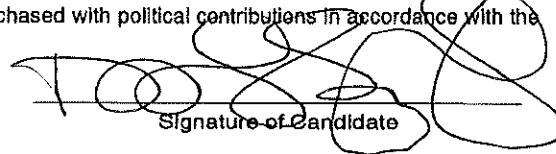
☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder