CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

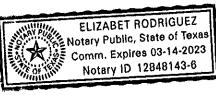
FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	2 Total pages flied:			
3 CANDIDATE/	MS/MRS/MR FIRST	МІ	OFFICE USE ONLY	
OFFICEHOLDER NAME	Doanna	ر الإسمالية الم	Date Received	
	NICKNAME LAST	SUFFIX		
	'Loming	UCZ		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #:	CITY: STATE; ZIP CODE		
MAILING ADDRESS			anganangangang	
Change of Address				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR ' FIRST	MI	Receipt # Amount \$	
TREASURER NAME	Mayel	C.	Date Processed	
	NICKNAME J LAST	SUFFIX	Date Imaged	
	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO FO BOX FLEXOL), MITTO	one wi	211 0002	
ADDRESS (Residence or Business)				
(11000000000000000000000000000000000000				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(956)	•.		
	207-96	39		
9 REPORT TYPE	January 15 30th day before a	election Runoff	15th day after campaign	
			treasurer appointment (Officeholder Only)	
	July 15 8th day before ek	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	12/01/19	THROUGH 12 /	31 /19	
11 ELECTION	ELECTION DATE	ELECTION TYPE	AAAA	
IT ELECTION	Month Day Year Primary	Runoff Other		
	12/10/10 General	Description Description		
10 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)	
12 OFFICE	stitum times for only			
	None	1 Place 3	City of Edinhung	
	1000		, J	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

ANDIDAL		REPORT		JVER OHE
CAMPAIGN	FINANCE	REPORT	15 F	iller ID (Ethics Commission Filers)
O/OH NAME DECLARION NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO SUPPORT THE CANDI- KNOWLEDGE OR COLOR SUCH EXPENDITE	OTTO NO VOZ. DITICE OF POLITICAL CONTRIBUTIONS ACCEPTED DATE / OFFICEHOLDER. THESE EXPENDITURES ASSENT. CANDIDATES AND OFFICEHOLDERS ARE FIRES.	OR POLITICAL EXPENDITURE MAY HAVE BEEN MADE WITHOU REQUIRED TO REPORT THIS INF	S MADE BY POLITICAL COMMITTEES TO UT THE CANDIDATE'S OR OFFICEHOLDER'S CORMATION ONLY IF THEY RECEIVE NOTICE
<u> </u>	COMMITTEE TYPE	COMMITTEE NAME	•	
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAM	ME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER AN	DORESS	
7 CONTRIBUTION TOTALS	1. TOTA	POLITICAL CONTRIBUTIONS OF \$50 GES, LOANS, OR GUARANTEES OF LO	OR LESS (OTHER THA ONS), UNLESS ITEMIZ	1 /
1011129	1 _	AL POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUAI		\$6,700.
EXPENDITURE	, ,	AL POLITICAL EXPENDITURES OF \$10		\$ 0
TOTALS	4. TOT	AL POLITICAL EXPENDITURES		\$14318.95
CONTRIBUTION		AL POLITICAL CONTRIBUTIONS MAINTREPORTING PERIOD		
BALANCE OUTSTANDING		TAL PRINCIPAL AMOUNT OF ALL OUTS	TANDING LOANS AS OF	* 10140.00
OUTSTANDING LOAN TOTALS	6. IO	swear,		of perjury, that the accompanying reinformation required to be reported



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEALABOVE

Sworn to and subscribed before me, by the said Deanran, Dominguez, this the 15

day of Sanuary, 20 20 , to certify which, witness my hand and seal of office.

Elizabet Rodriguez Printed name of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

SUBTOTALS - 0/01.		
	20 Filer ID (Ethics Comm	nission Filers)
Deanna M. Dominguer		SUBTOTAL AMOUNT
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		\$ 6700.
1. V SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$1066.93
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$10140.00
4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$14318,95
5. SCHEDULE F1: POLITICAL EXPENDITURES WAS STATED OF LIGHTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$
9. SCHEDULE G: POLITICAL EXPENDITIONS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$
10. SCHEDULE H: PAYMENT MADE FROM TO SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	
11. SCHEDULE I: NON-POLITICAL EXPENDITION SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI	BUTIONS	\$
12. SCHEDULE K: INTERCO., RETURNED TO FILER		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
The Instruction Guide explains how to complete this form: FILER NAME Deanna M. Deminguez Date 5 Full name of contributor Sae Posados 6 Contributor address; City; State; Zip Code 2 3 2	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 500,00 Day Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) $4/500.00$
Date Full name of contributor Diane Hizar Contributor address; City: State; Zip Code	Amount of contribution (\$) \$400.00 Instructions)

The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
<u> </u>	3 Filer ID (Ethics Commission Filers
FILER NAME Deanna M. Dominguez	
5 Full name of contributor out-of-state PAC (IDA) Ruben R. Ramirez 6 Contributor address; City; State; Zip Code 9023 22nd Lane, McAllen, TX 73	8504
8 Principal occupation / Job title (See instructions) 9 Employer	(See Instructions)
Lawyer	Amount of contribution (\$)
Date Full name of contributor Pac (IDE: Contributor Contributor	\$1500.°°
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor Mike Dominguez Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
Date Full name of contributor Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see instruction guid	HEDULE AS NEEDED le for additional reporting requirements.
If contributor is out-or-state PAC, please see mon seasons	Revis

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONTRIBUTIONS	
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L TO NAME	3 Filer ID (Ellinos Somman
Deanna M. Dominguez	
Dearing 11 Donar grant CONTRIB	utions \$ 941.93
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	
	8 Amount of 9 In-kind contribution
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ describuon
and Ruiz	300 - Advertisement
KICHOCO KICHO State: Zin God	78620
12 1 19 7 Contributor address;	Indura Check if travel outside of Texas. Complete Schedule T.
Richard Ruiz 7 Contributor address; City; State; Zip Code 12/1/19 7 Contributor address; Canton Rd. Ed.	Check it liavel ductor structions)
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
Business Owner	TOP HUDICIAL) (See Instructions)
BUSTIES SOUTO, (FOR HUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	(if any) (FOR JUDICIAL)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
14 Contributor's employer/law htm (
(ive of perent(s) (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	
	Amount of . In-kind contribution
Count of ctate PAC (ID#:	Amount of . In-kind contribution Contribution \$. description
Date Full name of contributor out-of-state PAC (ID#:	
Date RICHAYO RWZ Contributor address; City; State; Zip Co	641.93 Advertisement
City; State; Zip Contributor address; City; State; Zip Contributor address;	T I about the T I
1902 W Contro Rd. Found	Check if travel outside of Texas. Complete Schedule T.
19102 W. WILL TO TONTE	(Employer (FOR NON-JUDICIAL) (See Instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	<u> </u>
Rusinges Owner	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	
	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Contributor's employer/law firm (FOR JUDICIAL)	
<u> </u>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
II deliant	
1	
CODIES	OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONTRIBUTIONS		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2
	3 Filer ID (Ethics Commission Filers)	
FILER NAME Deanna M. Dominguez		60
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 125.00
Date 6 Full name of contributor Out-of-state PAC (ID#:)	8 Amount of . 9 In-kind contribution Contribution \$. description
Richard Molina	. , <i></i> .	125.00 Contract labor
	- 1	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	(FOR NON-JUDICIAL) (See Instructions)
Duckhass 1111/10/		outor's job title (FOR JUDICIAL) (See Instructions)
2 Contributor's principal occupation (FOR JUDICIAL)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law fir	rm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (IDW:		Amount of . In-kind contribution Contribution \$ description
Contributor address; City; State; Zip Co		
Contributor gouless,		Check if travel outside of Texas. Complete Schedule 1
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	oyer (FOR NON-JUDICIAL)(See instructions)
	Contr	ributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		
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)		
	•	
}		

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Polling Expense Printing Expense

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

Fees Food/Beverage Expense Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental 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)

Accounting/Banking Consulting Expense Made By	Food/Beverage Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Other (enter a category Not labor)
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	mmittee Legal Services Legal Services Legal Services
Candidate/Officenoluer/ Climate Credit Card Payment	The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers)
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1 Total pages Schedule F1: 2	Deanna (Y) Domingua
15	Payor name Advertising
1448 12/10	- acebook Tolver Tip Code
6 Amount (\$) 7	Payee address; City; State, Espain
1 200 000 l	1 Hacker Way, Menlo Park, CA 94025 (the schedule) (b) Description
July 10bi	a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
8	a) Category (See Categories index in Check if Austin, TX, officeholder living expense
PURPOSE	As wellower Expense.
OF EXPENDITURE	Advertising Expense Facebook Office held
	Office sought
9 Complete ONLY If direct	Candidate / Officeholder name
expenditure to benefit C/OF	
Date .	Payee name
inlala	an daddy com
12/4/19	Payee address; City; State; Zip Code
Amount (\$)	110
10 105	S PA VONIPA: IN CURIOS SUSTEENING
[U·Ub	Check it travel outside of Texas. Complete Schedule 1.
	Check if Austin, TX, officeholder living expense
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EXPENDITURE	Office held
	Candidate / Officeholder name
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10/10/19	Pavee address; City, State
Amount (\$)	Payee address; City; State, 2000 440. First St. Nw Swite 300 Washington. Dr. 2000
100	11111 21167 81. (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
100	Chapt if travel outside of Texas. Complete Schedule 1.
PURPOSE	Street if Austin, TX, officeholder living expense
OF	Contribution Donation Office held
EXPENDITURE	Office held
	Candidate / Officeholder name Office sought
Complete ONLY If dis	
expenditure to benefit	(C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Travel in District Fees Food/Beverage Expense Git/Awards/Memorials Expense Travel Out Of District Polling Expense Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Credit Card Payment 1 Total pages Schedule F1: 2 FILER NAME 4 Date City; State; Zlp Code McIntyre St., Edinburg, Tx 7854 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 8 Check If Austin, TX, officeholder living expense Salaries/Wage PURPOSE EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Payee name City; State; Zlp Code Payee address; lolana, McAllen, Tx 78504 Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check il Austin, TX, officeholder living expense PURPOSE EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Upper Valley Mail Service CLC Payee address; City: State: Zip Code 1418 Beech Ave, Ste. # 109, McAllen, Texas 7850 Description Category (See Categories listed at the top of this schedule) Check it travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense PURPOSE

Complete ONLY if direct Candida expenditure to benefit C/OH

OF EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense
Git/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)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Deanna M. Dominguez 3 Filer ID (Ethics Commission Filers)			
4 Date 12/19	5 Payee name Yolanda hino	~		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
500.00	919 E. Lovett St., E	dinburg, TX 78639		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Salaries/Wages	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE	0 1 1 1 1 0	A satisfact to last		
	Contract Labor	Cornact Laker		
9 Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1			
Date	Payee name			
12/9/19	Maria Narvaez			
Amount (\$)	Payee address; City; State; Zip Code			
200,00	4420 N. Jackson,	Edinburg, Tx		
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
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12/2/17	narriora da al			
Amount (\$)	Payee address; City; State; Zip Code			
250.00	813 S. 21stAve., 6	Edinburg Tx		
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	L'ONTYACT Labor	I COMMACT CAROL		
Complete ONLY if direct expenditure to benefit C/O	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)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense Gilt/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Contributions/Donations Made By Candidate/Officeholder/Political Con		ns how to complete this form.	
Credit Card Payment		is to to temper	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: 2	FILER NAME DEANNA	M. Doming	097
4 Date 5	Payee name AIME Rar	<u>m5</u>	
6 Amount (\$) 7	Payee address; City; State;	Zip Code	at 7062/1
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8	salarios/ What		Austin, TX, officeholder living expense
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9 Complete ONLY if direct	Candidate / Officeholder name	Ottice sondi	
expenditure to benefit C/OH			
	Payee name	11 100 11	
Date 12 4/19	McAllen Digi-	tal Media	
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DU, 1	Category (See Categories listed at the top of t	his schedule) Descriptio	n
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8No 410	39010 O. Jack	Gon'Kd, t	<u> Edinburg, (x</u>
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SCHEDULE F1

		EXPENDITURE CATEGORIE	ES FOR BOX 8(a)		
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	4 Date 12/0/19	5 Payee name ShopRGV			
j	6 Amount (\$)	7 Payee address; City; State; Zip Code			
$\sqrt{}$	1,000.	3111 Las Cruces Dr.,	Edinburg, Tx	78539	
-	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
-	PURPOSE OF	Advertising Expense	r	Iside of Texas, Complete Schedule T.	
	EXPENDITURE	The state of	Check it Anglin	, TX, officeholder living expense	
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	9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ſ	Date	Payee name			
	12/11/19	Upper Valley Mail	Service	5	
	Amount (\$)	Payee address; City; State; Zip Code			
1	1,283.09	1418 Beech Ave, Ste.#	109, McAller	n.Tx 7860/	
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L	12110119	/Ne 1101/11701			
1	Amount (\$)	Payee address; Clty; State; Zlp Code			
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		0 -1	Advertising	à l	
	Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
F					
ĺ	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 Candidate/Officeholder/Politicetic Cerdit Card Payment	Fees Office Ov Food/Beverage Expense Printing E By GilfvAwards/Memorials Expense Printing E cal Committee Legal Services Salaries/	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)		
1 7	The Instruction Guide explains how to			
1 Total pages Schedule F1	2 FILER NAME Deanna M. Do	MINDUCZ 3 Filer ID (Ethics Commission Filers)		
4 Date 12/10/19	5 Payee name Irene Garza			
6 Amount (\$)	7 Payee address; City; State; Zip Gode	Lucy T STUI		
650.00	1018 E. McIntyre St., Edir	1601911× 18541		
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description		
PURPOSE OF	Salaries/wages/	Check If travel outside of Texas. Complete Schedule T. Check If Austln, TX, officeholder living expense		
EXPENDITURE	Contract Labor	Contract Labor		
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9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
12/9/19	Leonora Hlaniz			
Amount (\$)	Payee address; City; State; Zip Code	T 2.25		
300.00	320 Round Up Circle, Edi	nburg.Tx 78539		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Salaries/Wages)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, olliceholder living expense		
EXPENDITURE	A start later			
	CONTIVACE COUDLY	Contract Labor		
Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/9/19	Ludivina Salinas	5		
/ Amount (\$)	Payee address; City; State; Zip Code			
160,00	1106 E. Lovett St., Edinba	org, Tx 78539		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Salaries/Wages/	Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Contract Labor			
		Contract Cabor		
Complete <u>ONLY</u> II direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Deanna M. Dom	1906 3 Filer ID (Ethics Commission Filers)				
4 Date 12 9 19	5 Payee name Yolanda Minc					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
750,00	1919 E. Lovett St., Edinburg, TK					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.					
PURPOSE OF	I Galarios/11mins	Check if travel outside of lexas: Complete Scriedule 1.				
EXPENDITURE	Contract labor	Contract Labor				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OH						
Date	Payee name					
12/9/19	Yolanda Jasso					
Amount (\$)	Payee address; City; State; Zip Code					
800,00	1412 E. Samano St., Edinburg, Tx					
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.				
PURPOSE OF	Solaries/Wages	Check if Austin, TX, officeholder flying expense				
EXPENDITURE	Contract Labor	Contract Labor				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
12/16/19	Maria Narvaez					
Amount (\$)	Payee address; City; State; Zip Code					
200,00	4420 N. Jackson,	Edinburg, Tx				
	Category (See Categories listed at the top of this schedule)	Description Check if traval outside of Texas, Complete Schedule T				
PURPOSE OF	Salaries/Wages	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE	Contract Labor	Contract Labor				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OH						
100	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Foos Food/Bevarage Expense GIII/Awards/Memorials Expense Legal Services

Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense 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 shows)

Printing Expense Salaries/Wages/Contract Labor 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) 4 Date 5 Payee name 6, Amount (\$) 7 Payee address; E. Nolana, McAllen, Tx 78604 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY If direct Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name Ave., Edinburg, Tx 78539 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount . McInture St., Edinburg, Tx 78541 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office held 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Food/Beverage Expense By Glit/Awards/Memorials Expense al Committee Legal Services	Politing Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel out of District Other (enter a category not listed above)		
	Credit Card Payment	•	ins how to complete this form.	Other (other 2 obloger,) het helds above,		
	1 Total pages Schedule F1:	2 FILER NAME-Deanna 1	M. Dominguez	3 Filer ID (Ethics Commission Filers)		
	4 Date 12 2 19	5 Payee name Agwilar 1	Meat Marke-			
	6 Amount (\$)	7 Payee address; City; State; Zip Code				
	342.67	130 Le East University Dr., Edinburg, Tx 78539				
	8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	PURPOSE OF EXPENDITURE	Event Expense	J (***)	riside of Texas. Complete Schedule T.		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held		
	Date	Payee name	11000			
	12/26	Sam Antonia	\supset			
	Amount (\$)	Payee address; City; State; Zip Code				
	150,00 2116 N. Erika St., Pharr, Tx 78577			7		
		Category (See Categories listed at the top of this	schedule) Description			
	PURPOSE OF	Printing Francis	· · · · · ·	Check If travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense		
	EXPENDITURE	ming walle	De de A	17, Olicanologi sving expanse		
			1 see 31911			
	Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ſ	Date	Payee name				
-						
-	A					
	Amount (\$)	Payee address; City; State; 2	cip Gode			
-	PURPOSE	Category (See Categories listed at the top of this		side of Texas, Complete Schedule T.		
	OF			TX, officeholder living expense		
	EXPENDITURE					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
F	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" .. C/OH NAME 2 Filer ID (Ethics Commission Filers) M. Dominguez 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 Lmay not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment op file. Signature of Candidate / Officeholder 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, В. **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. **OFFICEHOLDER** Complete this section only if you are an officeholder ... I am aware that I remain subject to filling 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