## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

(TDD 1-800-735-2989)

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  MR. ALEJANDRO  NICKNAME LAST	MI 	Date Receive AMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
	ALEX DOMINGUEZ		- AND THE REAL PROPERTY.
CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS /PO BOX; APT / SUITE #; CITY; 40 SUNSET DR. BROWNSVII	state; zip code LLE TX 78520 By	JAN 15 2815 4:3 Date Have delivered or Positive Red REJEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956 ) 504-0014	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MR. ALEX  NICKNAME LAST	MI 	Date Imaged
	PEREZ	ESQ.	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  855 E. HARRISON BROV	city; state; WNSVILLE TX 1	ZIP CODE 78520
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832 ) 818-6195	EXTENSION	
9 REPORT TYPE	X January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholderonly) Final report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 07 /01 /2014	Month Day	Year / 2014
11 ELECTION	Month Day Year ELECTION DATE  Month Day Year Primary  11 / 04 / 2014	Runolf X	General Special
12 OFFICE	OFFICE HELD (if any)  County Commissioner, Precinct 2	13 OFFICE SOUGHT (If know County Commissi	
	GO TO PA	GE 2	

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)
14 0,011 10 10.0			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE B HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA' ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	'E'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	\$ 96.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 96.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA PORTING PERIOD	\$ 2415.60
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 3500.00
18 AFFIDAVIT	GLADYS VILLA Notary Public, Stat My Commission January 17,	me under Title 15, Election Code.  RREAL e of Yexas Expires 2018	erjury, that the accompanying report iformation required to be reported by date or Officeholder
AFFIX NOTARY STA	MP / SEAL ABOVE	Alganam Domin	9/10/75 this the
Sworn to and sul	bscribed before	me, by the said <b>AlgMON DOMIN</b> 1009 20 15 to certify which, witness m	hand and seal of office.
1(A	//	Gladus VIIIarrlad. Printed name of officer administering oath	Title of officer syministering oath
Signature of office ad	ninistering oath	Futited namelot onicet administrating cent	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

## POLITICAL CONTRIBUTIONS

#### SCHEDULE A

	The Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:
ILER NA	ме Alejandro Dominguez		3 ACCOUNT # (Et	hics Commission Filers)
			7 Amount of	8 In-kind contribution
ate	5 Full name of contributor ☐ out-of-state PAC (ID#:		contribution (\$)	description (if applicable
	6 Contributor address; City; State; Zip Code			t T Cohodulo T\
				of Texas, complete Schedule T)
rincipal o	occupation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			
		(0.5)		of Texas, complete Schedule T)
rincipal	occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicabl
	Contributor address; City; State; Zip Code	. ,		
			616 61E-1d	of Texas, complete Schedule T
Principal	occupation / Job title (See Instructions)	Employer (See I		or rexas, complete correction
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicab
	Contributor address; City; State; Zip Code			
		Employer (See		of Texas, complete Schedule
Principal	occupation / Job title (See Instructions)	Limployer (Geo	mad dottorio,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicab
	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , ,		
		Employer (See		of Texas, complete Schedule
Principa	occupation / Job title (See Instructions)	Employer (See	mondenone	

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE <b>B</b>
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sche	edule B:
FILER NAME			3 ACCOUNT # (EI	hics Commission Filers)
TOTA	AL OF UNITEMIZED PLEDGES: ⇔	⇒ ⇒ ⇒	<del>à</del>	\$
Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Cod	de		<u> </u> 
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	11 Employer (See In	structions)	
Data	Full name of pledgor out-of-state PAC (ID#:_	)	Amount of	In-kind description
Date	La outor sales y octobrone.		pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Coo	de		
			(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:_		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	de		
			(If travel outside	of Texas, complete Schedule T)
Principal occ	 upation / Job title (See Instructions)	Employer (See in	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	de		
			(If travel outside	of Texas, complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#;		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	ode		
			(If travel outside	e of Texas, complete Schedule T
Duly single page	cupation / Job title (See Instructions)	Employer (See I		
	papadon room and (eet monetaring)	1		

(TDD 1-800-735-2989)

Austin, Texas 78711-2070

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salarles/Wages/Company Salarles/Wages	ontract Labor Loan Repayment/Reimbursement tising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Alejandro Dominguez	3 ACCOUNT # (Ethics Commission Filers)
<b>1</b> Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	l Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE	E CATEGORIES FOR	₹ BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contrac Solicitation/Fundraising Travel In District Travel Out Of District Office Overhead/Rentai te explains how to com	ct Labor Lo Expense Tr Co LExpense O	
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
1	Alejandro Dominguez			
4 Date	5 Payee name			
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; Si			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule) (b	) Description (II	f travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; S	State; Zip Code		

EXPENDITORE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions Intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out O	pes/Contract Labor undraising Expense strict of District ead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	W to complete this io	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Coo	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule	(b) Description	(If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	n) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	e) Description	ា (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	le) Descriptio	n (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sou	ght Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	S NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

S	$\sim$	ш		$\Box$	ı	1		
		п	▆	ப	L	31	 E	

	The Instruction Guide explains how	
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	•
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
		I.

## INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

#### SCHEDULE K

	Instruction Guide explains how to complete this form.		K:
FILER NAME		3 ACCOUNT # (Ethics (	Commission Filers)
Date	5 Name of person from whom amount is received	8	Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip	p Code	
	7 Purpose for which amount is received	<u> </u>	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zi	ip Code	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Z	ip Code	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Z		
	Purpose for which amount is received		

Texas Ethics Commission

The Instruction Guide	explains how to complete this form.	'	otal pages Schedule T	
FILER NAME		3 /	ACCOUNT # (Ethics Co	mmission Filers)
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported	i on:			
Schedule A	Schedule B Schedule C	Schedule D	Schedule F	Schedule G
Schedule H	Schedule N COH-UC	сон-т	PAC-C	PAC-E
Dates of travel 7 Name o	f person(s) traveling			
8 Departu	re city or name of departure location			
9 Destinat	ion city or name of destination location			
   Means of transportation	11 Purpose of travel (including name of	conference, semina	ar, or other event)	
Name of Contributor / Corporation o	L or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported	on:			
Schedule A	Schedule B Schedule C	Schedule D	Schedule F	Schedule G
Schedule A Schedule H	Schedule B Schedule C Schedule N COH-UC	Schedule D	Schedule F	Schedule G
Schedule H				
Schedule H  Dates of travel Name of p	Schedule N COH-UC			
Dates of travel  Name of p  Departure	Schedule N COH-UC			
Dates of travel  Name of p  Departure	Schedule N COH-UC  Derson(s) traveling  city or name of departure location	СОН-Т	PAC-C	
Schedule H  Dates of travel  Departure  Destinatio  Means of transportation	Schedule N COH-UC  Derson(s) traveling  city or name of departure location  n city or name of destination location	СОН-Т	PAC-C	
Schedule H  Dates of travel  Departure  Destinatio  Means of transportation	Schedule N COH-UC  Decreasings  city or name of departure location  n city or name of destination location  Purpose of travel (including name of country or Labor Organization / Pledgor / Payee	СОН-Т	PAC-C	
Schedule H  Dates of travel  Departure  Destination  Means of transportation  Name of Contributor / Corporation of	Schedule N COH-UC  Decreasings  city or name of departure location  n city or name of destination location  Purpose of travel (including name of country or Labor Organization / Pledgor / Payee	СОН-Т	PAC-C	
Schedule H  Dates of travel  Departure  Destinatio  Means of transportation  Name of Contributor / Corporation of Contribution / Expenditure reported	Schedule N COH-UC  Derson(s) traveling  city or name of departure location  n city or name of destination location  Purpose of travel (including name of co	COH-T	cr other event)	PAC-E
Schedule H  Dates of travel  Departure  Destinatio  Means of transportation  Name of Contributor / Corporation of Contribution / Expenditure reported  Schedule A  Schedule H	Schedule N COH-UC  Decreasings  City or name of departure location  In city or name of destination location  Purpose of travel (including name of coor Labor Organization / Pledgor / Payee  on:  Schedule B Schedule C	COH-T	or other event)	PAC-E  Schedule G
Schedule H  Dates of travel  Departure  Destination  Means of transportation  Name of Contributor / Corporation of Schedule A  Schedule H  Dates of travel  Name of p	Schedule N COH-UC  Derson(s) traveling  city or name of departure location  In city or name of destination location  Purpose of travel (including name of comparts of travel)  The comparts of travel (including name of comparts of travel)  Schedule B Schedule C  Schedule N COH-UC	COH-T	or other event)	PAC-E  Schedule G
Schedule H  Dates of travel  Departure  Destination  Means of transportation  Name of Contributor / Corporation of Contribution / Expenditure reported  Schedule A  Schedule H  Dates of travel  Name of parture	Schedule N COH-UC  Derson(s) traveling  city or name of departure location  In city or name of destination location  Purpose of travel (including name of comparts of travel)  Or Labor Organization / Pledgor / Payee  on:  Schedule B Schedule C  Schedule N COH-UC  Derson(s) traveling	COH-T	or other event)	PAC-E  Schedule G

# **CANDIDATE / OFFICEHOLDER REPORT:**

FORM C/OH - FR

	The Instruction Guide explains ho •• Complete only if "Report Type" on page	
C/OH!	NAME	2 ACCOUNT # (Ethics Commission Filers
SIGN	ATURE	
report a	t expect any further political contributions or political expenditures i as a final report terminates my campaign treasurer appointment. I a e any campaign expenditures without a campaign treasurer appoin	also understand that I may not accept any campaign contributions tment on file.
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	ck 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 incornot convert unexpended political contributions or unexpended in use. I also understand that I must file an annual report of unex contributions or unexpended interest or income earned on political. Further, I understand that I must dispose of unexpende earned on political contributions in accordance with the requirem	terest or income earned on political contributions to personal pended contributions and that I may not retain unexpended itical contributions longer than six years after filing this final d political contributions and unexpended interest or income
В.	ASSETS	
Che	ck only one:	
	I do not retain assets purchased with political contributions or in	terest or other income from political contributions.
	I do retain assets purchased with political contributions or interest I may not convert assets purchased with political contributions or use. I also understand that I must dispose of assets purchased wof Election Code, § 254.204.	interest or other income from political contributions to personal
		Signature of Candidate
	CEHOLDER  nplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to I am also aware that I will be required to file reports of unexpen officeholder, I retain political contributions, interest or other income contributions or interest or other income from political contributions.	ded contributions if, after filing the last required report as an e from political contributions, or assets purchased with political