# ALEX DOMINGUEZ

	CANDIDAT	E / OFFICEHOLI	DER			FORM C/C	)H	
	CAMPAIGN	FINANCE REP	ORT			COVER SHEET PG	1	
TI	e C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00067897	,	2 Total pages filed: 8		
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Alejandro		MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED		
		NICKNAME Alex	LAST Dominguez		SUFFIX	01/16/2018		
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 855 E. Harrison	r/Suite#; ci	TY:	ZIP CODE	Date Hand delivered at DEPARTMENT OF ELECTIONS ReceipMOTER REGIPMENT ON	5:4B	
	Change of Address	Brownsville, TX 78520			,	Date Processed AN 1 5 2018  Date Imaged RECEIVED	an annaturan atau	
5	CAMPAIGN	MS/MRS/MR	FIRST		MI			
	TREASURER NAME	Ms.	Jacklyn L.					
		NICKNAME	LAST Verdin	***************************************	SUFFIX			
6	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PC 855 E. Harrison	) BOX PLEASE);	AP'	T / SUITE #; CITY	; STATE; ZIP C	ODE	
	(Residence or Business)	Brownsville, TX 78520			7			
7	CAMPAIGN TREASURER PHONE	AREA CODE PHO (956) 373-5640	NE NUMBER	EXTENSION				
8	REPORT TYPE	X January 15 [	30th day before		Runoff [	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)		
<del></del>	PERIOD COVERED	Month Day Year 07/01/2017	Ti	HROUGH	Month Day 12/31/20	Year 17		
10	ELECTION	ELECTION DATE Month Day Year 03/06/2018		Primary General	ELECTION TYPE Runoff Special	Other		
L1	OFFICE	OFFICE HELD (if any) County Commissioner Po	t 2 Place 2 Can	neron	12 OFFICE SOUGH State Represen	F (If known) tative District 37		
		L	GO	TO PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

2 of 8

13 C / OH NAME	C / OH NAME Dominguez, Alejandro (Mr.) 14 Filer ID 00067897			(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to su candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowle consent. Candidates and officeholders are required to report this information only if they receive notice of such exp					
Additional Pages						
Ld	GENERAL					
	COMMITTEE ADDRESS					
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
	na yanananananananananananananananananan	COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	<b>\$</b> 0.00		
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES			\$ 16,861.52		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 5,982.88				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 3,500.00		
17 AFFADAVIT						
		f swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Il information required (	companying report is to be reported by me		
		Mr. Ale	ejandro Dominguez			
Signature of Candidate or Officeholder						
AFFIX NOT	'ARY STAMP / SEAL ABO	OVE				
Sworn to and subscribed before me, by the said, this theday						
of						
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OF POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOFURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRL	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LEGS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEE OF LOANS)	\$ 0
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0
	4. TOTAL	\$ 16,861.52	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 16,861.52 \$ 5982.88 \$ 3500.80
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 3500.80
18 AFFIDAVIT			
Co	CASANDRA GARG tary Public, State of mm. Expires 10-05 Notary ID 128771	f Texas 6-2020	on required to be reported by me
AFFIX NOTARY STAMI	P/SEALABOVE	Y**	
ACTIONAL TO TAKE	, ochchbove	Od Oberedia Dimondon	411
Sworn to and subscr day of Januar		3	_, this the
	, 20 1	to certify which, witness my hand and seal of office.	
Can f	<u></u>		otang Public
Signature of officer a	aministering oath	Printed name of officer administering oath Tit	tle of officer administering oath

## SUBTOTALS - C/OH

## FORM C/OH **COVER SHEET PG 3**

				3018
	ER NAM	(Ethics Commission Filers)		
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.		SCHEDULE E: LOANS	\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,865.00	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 9,000.00
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 4,996.52
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By « Candidate/Officeholder/Political Committee Credit Card Payment			Condition Control Cont			Travel in District Travel Out of District OTHER (enter a category not listed above)			
_	<del> </del>	T		ns now to comp	nece mis form.	T .			_
1	Total pages Schedule F1:	Ŀ				3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/1 Rpt: 4/8	Dominguez	., Alejandro (Mr.)				00067897	7	
4	Date	5 Payee name	•					<del> </del>	_
	09/26/2017	š	erleaders Association						
_							,,_	200-002/2/Andreas (Andreas	
6	Amount (\$)	7 Payee addre	ss; City; Sta	ite; Zip Code	<b>!</b>				
	\$400.00	2615 E Prid	ce Rd	•					
ŀ									
		Brownsville, TX 78521							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this	schedule) (b	) Description				-
	OF	Advertising			<del></del>	outs	ide of Texas. Co	omplete Schedule T.	
	EXPENDITURE			į	Check if Austin	ı, TX	, officeholder liv	ing expense	
				i	Advertiseme	nt i	n school pr	ogram	
l									
-	Complete ONLY if direct	Candidata/Off	iceholder name	Office sough	<b>+</b>		Office	hold	_
8	expenditure to benefit C/O		cendider hame	Onice sough	L		Omce	nera	
	Date	Payee name				······	<del></del>		
	12/18/2017	JA Sports S	Sians						
-	Amount (#)			ite; Zip Code					-
	Amount (\$)	Payee addre		ile, Zip Code					
l	\$1,200.00	4627 Centr	at Cir						
		Brownsville	, TX 78521						
	PURPOSE		·	14	i Description				مفتد
	OF		ee Categories listed at the top of this :	schedule)	Description	auto	lda af Tayaa Ca	omniata Cahadula T	
EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
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					i wa cigila				
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sough	t		Office	held	
	experiment to benefit Oron	Į.							
	Date	Payee name							
	12/20/2017		Gilbert (Mr.)						
							es in XX es animo		u Carte
	Amount (\$)	Payee addre	- ·	te; Zip Code					
	\$1,265.00	325 E Park	Dr						
		Brownsville	TX 78520						
				52.					PEAR!
	PURPOSE OF		ee Categories listed at the top of this s	schedule) (b	) Description				
	EXPENDITURE	Advertising	Expense	1	- Land			mplete Schedule T.	
							officeholder livi		
					Creative desi	ប្តូក	ini goveti:	આપુ	
	Complete ONLY if direct		ceholder name	Office sough			Office I	neld	
	expenditure to benefit C/OI	‡							
	The state of the s	· · · · · · · · · · · · · · · · · · ·	ALCO ALCO AND						_

#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overtread/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Consulting Expense Contributions/ Donations Made By Polling Expense Printing Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not fisted above) The instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) Total pages Schedule F4: 2 FILER NAME Sch: 1/1 Rpt: 5/8 Dominguez, Alejandro (Mr.) 00067897 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 6 Payee name 12/05/2017 Lamar Companies 7 Amount (\$) Payee address; City; State; Zip Code \$9,000,00 P.O. Box 96030 Baton Rouge, LA 70896 õ TYPE OF Non-Political $\mathbf{X}$ Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officebolder living expense Billboard Advertising 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH www.ethics.state.tx.us Forms provided by Texas Ethics Commission Version V1.0.5389

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertisina Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Polling Expense Travel in District Printing Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID (Ethics Commission Filers) Total pages Schedule G: Dominguez, Alejandro (Mr.) 00067897 Sch; 1/3 Rpt: 6/8 Date 4 Payee name Brownsville Herald 12/15/2017 Amount (\$) Payee address; City; State; Zip Code \$450.00 1135 E Van Buren St Reimbursement from political contributions Brownsville, TX 78520 hshostoi **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 Ō۴ Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Newspaper Advertisement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit COH Date Payee name Brownsville Herald 12/21/2017 State; Zip Code Amount (\$) Payee address; City; \$2,240.00 1135 E Van Buren St Reimbursement from political contributions intended Brownsville, TX 78520 PURPOSE Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Newspaper Advertisement Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/13/2017 Cameron County State; Zip Code Amount (\$) Payee address; City; 1100 E Madison \$200.00 Reimbursement from political contributions mended Brownsville, TX 78520 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense** EXPENDITURE Donation for employee Christmas Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 7/8 Dominguez, Alejandro (Mr.) 00067897 Date Payee name 12/08/2017 Cameron County Democratic Party 6 Amount (\$) Payee address; State; Zip Code \$750.00 531 E St. Francis Reimbursement from political contributions Brownsville, TX 78520 intended **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 ŌF Check if Austin, TX, officeholder flying expense Fees **EXPENDITURE** Filing Fee Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/12/2017 Charro Days Inc. Amount (\$) Payee address; City; State; Zip Code \$300.00 455 E Elizabeth St Reimbursement from political contributions intended Brownsville, TX 78520 **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Parade Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/27/2017 Creative Market Amount (\$) Payee address; State; Zip Code City; \$37.00 572 Market St Reimbursement from [X] political contributions intended San Francisco, CA 94104 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Theck if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Stock images for Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Polling Expense Printing Expense Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 8/8 Dominguez, Alejandro (Mr.) 00067897 Date Payee name 12/04/2017 Frontier Signs 6 Amount (\$) Payee address; City; State; Zip Code \$190.52 5216 N Expressway Reimbursement from X political contributions Brownsville, TX 78526 habnatni **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officefiolder living expense Advertising Expense **EXPENDITURE** Banner Sign Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/28/2017 Frontier Signs Amount (\$) Payee address; City; State; Zip Code \$800.00 5216 N Expressway Reimbursement from political contributions intended X Brownsville, TX 78526 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **OF** Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Yard signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2017 Shutterstock, Inc. Payee address; State; Zip Code Amount (\$) City; \$29,00 350 Fifth Ave 21st Floor Reimbursement from political contributions intended New York, NY 10118 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Stock Images for Advertising Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit CIOH