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 (Elhics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Hon. Jesus	мі М .	OFFICE USE ONLY
NAME	NICKNAME LAST Chuy Dominguez	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		erry: state; zip code aredo Texas 78041	RECO CITY SEC OFF JUL 15 '24 PK5:20
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 337-9093	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Miguel	Α	Date Processed
'"""	NICKNAME LAST	SUFFIX	Date Imaged
	Flores		Date illiaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SU	JITE #; CITY;	STATE: ZIP CODE
TREASURER ADDRESS (Residence or Business)	2612 Burke Dr	Laredo	Texas 78045
	AREA CODE PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	(956) 471-8141	EXTENSION	
9 REPORT TYPE	January 15 30th day before ek	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	1 / 1 / 24	THROUGH 6	/ 30 / 24
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other Description	
	General	Special	
12 OFFICE	OFFICE HELD (if any) Municipal Court Judge	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	ED TO REPORT THIS INFORMATION ONLY IF T	HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL COMMITTEE ADDRESS		
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREA	SURER NAME	
	COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT			
15 C/OH NAME Hon. Jesus M Domin		er ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,380.00		
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,167.22		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 80,006.78		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 46,217.00		
Please complete either option below:				
DORA IRENE HERNANDEZ Notary ID #131801825 My Commission Expires March 9, 2027				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by TESUS M DOMINGUES this the 15th day of Tuly				
20 A4 , to certify which, witness my hand and seal of office. MC1 A1440 HUM walk DYA Truns Hamanda Walfury Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
dignature of officer administer	Printed name of officer administering oath OR	The Oromoer administering data		
(2) Unsworn Declaration				
My name is	, and my date of birth is			
My address is,,				
Executed in	(street) (city) (state) County, State of , on the day of (month)	(zip code) (country) , 20 (year)		
	Signature of Candidate/Office	ceholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME on. Jesus M Dominguez	20 Filer ID (Ethics Co	mmiss	ion Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS			0.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			3,992.22		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,175.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/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:	2 FILER NAME Hon. Jesus M Dominguez	.=	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name		= =				
01/19/2024	Amazon Prime						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
16.18	1260 Mercer Street	Seattle	Washington 98109				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE	Fees	Subscription					
OF							
EXPENDITURE	,,=====================================						
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
01/29/2024	Specs						
Amount (\$)	Payee address;	City;	State; Zip Code				
1,252.86	5506 San Bernardo	Laredo	Texas 78041				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Food/Beverage Expense	Event					
OF EXPENDITURE							
EXPENDITORE		/					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
	,						
01/25/2024	Tejano Democrats						
Amount (\$)	Payee address;	City;	State; Zip Code				
150.00			,				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Donation	Bowling Tourna	ament				
OF EXPENDITURE							
	Charlest travel outside of Tours Complete Sale + 4.4 - T						
	Check if travel outside of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/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.	Other (enter a category not issee above)		
1 Total pages Schedule F1:	2 FILER NAME Hon. Jesus M Dominguez		3 Filer ID (Ethics Commission Filers)		
Date 02/12/2024	5 Payee name Amazon Prime				
Amount (\$)	7 Payee address;	City;	State; Zip Code		
16.18	1260 Mercer Street	Seattle	Washington 98109		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Subscription			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/16/2024	550 Pizzeria				
Amount (\$)	Payee address;	City;	State; Zip Code		
309.81	2101 Shiloh Dr	Laredo	Texas 78045		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Court Lunched	on		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/20/2024	City of Laredo				
Amount (\$)	Payee address;	City;	State; Zip Code		
106.85	1000 Houston	Laredo	Texas 78040		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Travel	Gasoline Reim	bursement		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Author)

Other (enter a category not listed above) Credit Card Payment The Instruction Gulde explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Hon. Jesus M Dominguez 4 Date 5 Payee name 03/19/2024 **Amazon Prime** 6 Amount (\$) 7 Payee address; City; State; Zip Code 16.18 1260 Mercer Street Seattle Washington 98109 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **Fees** Subscription PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/11/2024 Suarez Restaurant Zip Code State: Amount (\$) Payee address; City; 4800 McPherson Rd #3 78041 Laredo Texas 30.90 Category (See Categories listed at the top of this schedule) Description Food/Beverage Expense Lunch with Constituents **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check & Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/22/2024 La Finca Restaurant Amount (\$) Payee address; City; State; Zip Code 1713 e Del Mar Suite 6C Laredo Texas 78040 198.93 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Breakfast with Constituents OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/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:	2 FILER NAME Hon Jesus M Dominguez		3 Filer ID (Ethics Commission Filers)			
4 Date 06/18/2024	5 Payee name Sam's Club					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
14.33	4810 San Bernardo	Laredo	Texas 78041			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Office Overhead	Pens				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	chedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to con	nplete this form.			
1 Total pages Schedule I:	² FILERNAME Hon. Jesus M. Dominguez		3 Filer ID	(Ethics Con	nmission Filers)
4 Date 01/03/2024	5 Payee name Rosie Centeno				
6 Amount (\$) 500.00	7 Payee address; 107 El Cenizo	city Laredo	4	State Texas	Zip Code 78046
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Medical Expense	(b) Description (See required.) Prescription D	_	rding type of i	nformation
Date	Payee name Narvaez Flower Shop				
Amount (\$) 275.00	Payee address; 1608 San Bernardo	city Laredo		State Texas	Zip Code 78040
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) San Luis Rey Valentine Event	Description (See required.)	instructions rega	rding type of i	nformation
Date 03/11/2024	Payee name Juan Avila				·
Amount (\$) 400.00	Payee address;	city Denton		State Texas	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See required.)	instructions rega	rding type of in	nformation
Date 03/26/2024	Payee name Paradisus Dei				
Amount (\$) 1,000.00	Payee address; 900 Threadneedle Street Suite 100	city Houston,		State Texas	Zip Code 77079
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See required.) Group Fees	instructions rega	rding type of in	nformation
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		