JUDICIAL CANDIDATE/OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS/MRS/MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** Jesus М NAME Date Received NICKNAME LAST SUFFIX Chuy Dominguez ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE 4 CANDIDATE / 201 W. Hillside **OFFICEHOLDER** Suite 17 Laredo Texas 78041 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 728-1477 (956 PHONE Receipt# Amount \$ MS/MRS/MR FIRST МІ 6 CAMPAIGN **TREASURER** Mr Miguel Date Processed Angel NAME NICKNAME LAST SUFFIX Flores Date Imaged 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; ZIP CODE STATE: **TREASURER ADDRESS** 2612 Burke Drive, Laredo (Residence or Business) Texas 78045 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER 334-5243 (956)**PHONE** 9 REPORT TYPE 30th day before election 15th day after campaign January 15 IXI Runoff treasurer appointment (Officeholder Only) 8th day before election Exceeded \$500 limit July 15 Final Report (Attach C/OH - FR) 10 PERIOD Month Day Year Month Day Year COVERED 07/1/2018 10/8/2018 **THROUGH** ELECTION **ELECTION TYPE** DATE Day 11 ELECTION Month Primary Runoff Other Description 11/06/2018 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Municipal Court Judge **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME			15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OF	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAL ITES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATI	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$34,050.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL I	POLITICAL EXPENDITURES	\$30,535.10
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$12,766.77
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$40,000.00
18 AFFIDAVIT			
1 8	YVONNE ALVAREZ y Public, State of Te Commission Expire May 05, 2019	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is ormation required to be reported by me didate or Officeholder
AFFIX NOTARY STAM		by the said Jan. M. Do Mingre	27
Sworn to and subscr October, 2018, to ce		s my hand and seal of office.	this the 8th day of
1	C	t	\
green	en	Yvonne Alvarez	Notary Ablic
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

2. [3. [4. [CHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
3. [SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$34,050.00
4. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$1,990.00
	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
5. [SCHEDULE E(J): LOANS (JUDICIAL)		\$
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$30,553.10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. [SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	S	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH	\$
11. [SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

SCHEDULE A(J)1

•	OIAL)		33232
	The Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1:22
2 FILER NAMI	E: Jesus M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ID		7 Amount of contribution (\$) \$100.00
3/15/2018	Roberto Calderon 6 Contributor address; City; State; 2520 Santa Ursula Ave. Laredo, Texa		\$100.00
8 Contributor's Business C	s principal occupation Owner	9 Contributor's job title	
10 Contributor's	s employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor	r is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC ID:)#:)	Amount of contribution (\$)
/15/2018	Abel & Ana Aranda		\$100.00
	Contributor address; City; State; 330 St. Julien Dr. Laredo, Texas		
	s principal occupation yed/ Owner	Contributor's job title	
Contributor's	s employer/law firm	Law firm of contributor	's spouse (if any)
If contributor	r is a child, law firm of parent(s) (if any)	·	
Date	Full name of contributor		Amount of contribution (\$)
8/15/2018	ID#:	ļ	\$150.00
	Martha C. Narvaez Contributor address; City; State: 1620 San Bernardo Ave. Laredo, Texas 78040	Zip Code	
Contributor's Business O	s principal occupation	Contributor's job title	L
Contributor's Narvaez Flo	s employer/law firm ower Shop	Law firm of contributor	's spouse (if any)
	r is a child, law firm of parent(s) (if any)		
If contributor	1 (7)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

	The Instruction Guide explains ho	w to complete this t	form.	1 Total pages Schedule A(J)1:22
2 FILER NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/2018	5 Full name of contributor Arturo Dominguez6 Contributor address; 102 Granada Circle	out-of-state PAC IE City; State; Laredo, Texa		7 Amount of contribution (\$) \$250
Gontributor's Business C	s principal occupation		9 Contributor's job title	
0 Contributor's	s employer/law firm		11 Law firm of contributor	s spouse (if any)
2 If contributor	is a child, law firm of parent(s) (if an	y)		
Date 5/15/2018	Full name of contributor Gregorio Salazar Contributor address; 314 Manor Rd	City; State;	#:) Zip Code	Amount of contribution (\$) \$500.00
Contributor's Custom Brok	principal occupation	Laredo, Texa	Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if an	y)		
Date 15/2018	Full name of contributor Miguel Angel Flores		# :)	Amount of contribution (\$) \$1000.00
	Contributor address; 2612 Burke Dr.	City; State: Laredo, Texa	Zip Code s 78045	
Contributor's Business Ov	principal occupation wner		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if an	у)		

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SCHEDULE A(J)1

	The Instruction Guide explains how	w to complete this f	orm.	1 Total pages Schedule A(J)1: 22
2 FILER NAM	ME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2018	 5 Full name of contributor Angela Michelle Lutz 6 Contributor address; 312 Lake Powell 	out-of-state PAC ID: City; State; Laredo, Tea		7 Amount of contribution (\$) \$500.00
Gontributor Owner	r's principal occupation		9 Contributor's job title	
10 Contributor	r's employer/law firm		11 Law firm of contributor's	s spouse (if any)
12 If contribute	or is a child, law firm of parent(s) (if any			
Date 8/15/2018	Full name of contributor Anna L. Cavazos Ramirez	out-of-state PAC ID:	#:)	Amount of contribution (\$) \$250
	Contributor address; 1307 Wingfoot Loop	City; State; Laredo, Texas	Zip Code s 78045	
Contributor Owner	r's principal occupation		Contributor's job title	
Contributor	's employer/law firm		Law firm of contributor	s spouse (if any)
If contribute	or is a child, law firm of parent(s) (if any	y)		
Date 8/15/2018	Full name of contributor	out-of-state PAC ID#	#:)	Amount of contribution (\$)
	Contributor address; 414 Rienda	City; State: Laredo, Texas	Zip Code s 78045	
Contributor Owner	's principal occupation		Contributor's job title	
Contributor	r's employer/law firm		Law firm of contributor'	's spouse (if any)

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SCHEDULE A(J)1

	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A(J)1: 22
2 FILER NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/2018	5 Full name of contributor Myrthala Garza 6 Contributor address:		D#:)	7 Amount of contribution (\$) \$100.00
	1301 Kimberly	City; State; Laredo, Tex	•	
Gontributor's	s principal occupation		9 Contributor's job title	<u> </u>
10 Contributor's	s employer/law firm		11 Law firm of contributor's	s spouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any))		
Date 9/15/2018	Full name of contributor Jorge Montemayor	out-of-state PAC IC	D#:)	Amount of contribution (\$) \$150.00
	Contributor address; 622 Merlin Road	City; State; Laredo, Texa	Zip Code as 78041	
Contributor's Owner	s principal occupation		Contributor's job title	
Contributor's	s employer/law firm		Law firm of contributor	's spouse (if any)
If contributor	r is a child, law firm of parent(s) (if any))	L	
Date 9/15/2018	Full name of contributor Jorge Serrato/ Mayte Gonzalez	out-of-state PAC ID	D#:)	Amount of contribution (\$) \$100.00
	Contributor address; 340 Collado Dr.	City; State: Laredo, Texa		
Contributor's Owner	s principal occupation		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)	I)		

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SCHEDULE A(J)1

	The Instruction Guide explains how	to complete this f	orm	1 Total pages Schedule A(J)1: 22
		to complete this it	orm.	
2 FILER NAME	E: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2018	5 Full name of contributor Blanca M. Martinez 6 Contributor address; 303 W. Peach Lane	out-of-state PAC ID# City; State; Laredo, Texas	#:) Zip Code s 78041	7 Amount of contribution (\$) \$250.00
8 Contributor's Owner	s principal occupation		9 Contributor's job title	
10 Contributor's	s employer/law firm		11 Law firm of contributor	's spouse (if any)
12 If contributor	r is a child, law firm of parent(s) (if any)	1		
Date 8/15/2018	Full name of contributor Laura R. Llanes Contributor address;	City; State;	#:) Zip Code	Amount of contribution (\$) \$250.00
Contributor's Owner	3203 Windfall s principal occupation	Laredo, Texas	Contributor's job title	
	s employer/law firm		Law firm of contributor	r's spouse (if any)
If contributor	r is a child, law firm of parent(s) (if any)			
Date 8/15/2018	Full name of contributor David Gustavo Nunez Montoya Contributor address; 312 Lake Powell Dr	out-of-state PAC ID# City; State: Laredo, Texas	Zip Code	Amount of contribution (\$) \$200.00
Contributor's Owner	s principal occupation		Contributor's job title	<u> </u>
Contributor's	s employer/law firm		Law firm of contributor	r's spouse (if any)

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SCHEDULE A(J)1

				<u> </u>
	The Instruction Guide explains how t	o complete this f	form.	1 Total pages Schedule A(J)1: 22
2 FILER NAME	: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2018	 5 Full name of contributor Roel Canales 6 Contributor address; 314 Nye Dr 	out-of-state PAC IE City; State; Laredo, Texa		7 Amount of contribution (\$) \$300.00
8 Contributor's Business Ov	principal occupation wner		9 Contributor's job title Attorney	
9 Contributor's Canales P.C	employer/law firm		11 Law firm of contributor's	s spouse (if any)
12 If contributor i	is a child, law firm of parent(s) (if any)		<u> </u>	
Date 8/15/2018	Full name of contributor	out-of-state PAC IE	D#:)	Amount of contribution (\$)
	Adrian Vera Jr./ Norma Vera			\$250.00
	Contributor address; 115 Florida	City; State; Laredo, Texa		
Contributor's Owner	principal occupation		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor i	is a child, law firm of parent(s) (if any)	·································		
Date 8/15/2018	Full name of contributor	out-of-state PAC ID	D#:)	Amount of contribution (\$)
	Hector & Roseanna Hinojosa			\$1,000.00
	Contributor address; 406 Northstar	City; State: Laredo, Texas		
Contributor's Owner	principal occupation		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor i	is a child, law firm of parent(s) (if any)			

SCHEDULE A(J)1

	The Instruction Guide explains how	w to complete this fo	orm.	1 Total pages Schedule A(J)1: 22
2 FILER NAME	E: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2018	 5 Full name of contributor Rogelio M. Cantu 6 Contributor address; 2906 Robert Frost 	out-of-state PAC ID: City; State; Laredo, Texas	·	7 Amount of contribution (\$) \$250.00
B Contributor's Owner	s principal occupation	Laredo, Texas	9 Contributor's job title	
10 Contributor's	employer/law firm		11 Law firm of contributor's	s spouse (if any)
12 If contributor	is a child, law firm of parent(s) (if an	ıy)		
Date 8/15/2018	Full name of contributor	out-of-state PAC IDa	#:)	Amount of contribution (\$)
	Adrian Chapa Contributor address; 1302 Washington St	City; State; Laredo, Texa	Zip Code as 78040	\$100.00
Contributor's Owner	principal occupation		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	s spouse (if any)
If contributor	is a child, law firm of parent(s) (if ar	l ıy)		
Date /15/2018	Full name of contributor Alberto Alarcon	out-of-state PAC ID≇	#)	Amount of contribution (\$) \$500.00
	Contributor address; 1302 Washington	City; State: Laredo, Texa	Zip Code is 78040	
Contributor's Business Ov	principal occupation wner		Contributor's job title Attorney	
Contributor's Alarcon & Al	employer/law firm larcon LLC		Law firm of contributor	s spouse (if any)
	is a child, law firm of parent(s) (if an	>		

SCHEDULE A(J)1

	The Instruction Guide explains how	v to complete this t	form.	1 Total pages Schedule A(J)1: 22
2 FILER NAM	ME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
Date /14/2018	 5 Full name of contributor David E. Garcia 6 Contributor address; 719 Chihuahua St. Suite 105 	out-of-state PAC IE City; State; Laredo, Texa	·	7 Amount of contribution (\$) \$250.00
Contributo Business	r's principal occupation Owner		9 Contributor's job title Attorney	
	r's employer/law firm es of David E. Garcia, P.C.		11 Law firm of contributor	s spouse (if any)
2 If contribute	or is a child, law firm of parent(s) (if an	у)		
Date 03/2018	Full name of contributor John R. Solis	out-of-state PAC ID	#:)	Amount of contribution (\$) \$2,000.00
	Contributor address; 2620 San Bernardo Ave.	City; State; Laredo, Texa	Zip Code as 78040	
Contributor Business	r's principal occupation Owner		Contributor's job title Attorney	
	r's employer/law firm e of John Solis		Law firm of contributor	's spouse (if any)
If contribute	or is a child, law firm of parent(s) (if an	у)		
Date 5/2015	Full name of contributor Carlos Fernandez	out-of-state PAC ID	#:)	Amount of contribution (\$) \$250.00
	Contributor address;	City; State:	Zip Code	
Contributor	r's principal occupation		Contributor's job title	<u> </u>
Contributor	's employer/law firm		Law firm of contributor	's spouse (if any)
If contribute	or is a child, law firm of parent(s) (if an	y)		

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SCHEDULE A(J)1

	The Instruction Guide explains ho	w to complete this f	orm.	1 Total pages Schedule A(J)1: 22
2 FILER NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/2018	5 Full name of contributorLucy Carizalez Garcia6 Contributor address;	out-of-state PAC ID	Zip Code	7 Amount of contribution (\$) \$200.00
8 Contributor	's principal occupation		9 Contributor's job title	
10 Contributo	r's employer/law firm		11 Law firm of contributor	's spouse (if any)
	or is a child, law firm of parent(s) (if ar	ny)		1
Date Full name of contributor		out-of-state PAC ID	#:)	Amount of contribution (\$)
	Sandra Munoz			\$100.00
	Contributor address; 2600 Baltimore St	City; State; Laredo, Texa	Zip Code as 78041	
Contributo Owner	r's principal occupation		Contributor's job title	
Contributo	r's employer/law firm		Law firm of contributo	's spouse (if any)
If contribut	or is a child, law firm of parent(s) (if a	ny)		
Date /15/2018	Full name of contributor	out-of-state PAC ID	#:)	Amount of contribution (\$)
10/2010	Andy Ramos Jr			\$250.00
	Contributor address; 606 Taylor St	City; State: Laredo, Texas	Zip Code s 78041	
Contributor	r's principal occupation		Contributor's job title	
Contributor	r's employer/law firm		Law firm of contributo	r's spouse (if any)
lf contribut	or is a child, law firm of parent(s) (if ar	 		
ii contributi		• •		

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SCHEDULE A(J)1

	The Instruction Guide explains ho	w to complete this for	m.	1 Total pages Schedule A(J)1: 22
2 FILER NAM	ME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers
4 Date 8/15/2018	5 Full name of contributorRafa Duenas6 Contributor address;1504 Palmer Dr	out-of-state PAC ID#:_ City; State; Laredo, Texas	Zip Code	7 Amount of contribution (\$) \$120.00
8 Contributor	s principal occupation	9	Contributor's job title	
10 Contributo	r's employer/law firm	1	1 Law firm of contributor	s spouse (if any)
12 If contribute	or is a child, law firm of parent(s) (if a	ny)		
Date /24/2018	Full name of contributor Arturo N. Benavidez Contributor address;		Zin Code	Amount of contribution (\$) 2,500.00
Contributo	1202 E. Del Mar Blvd Suite 3	Laredo, Texas		
roperty Mana	agement		Contributor's job title	
Contributor	's employer/law firm		Law firm of contributor	's spouse (if any)
If contribute	or is a child, law firm of parent(s) (if a	ny)		
Date /3/2018	Full name of contributor	out-of-state PAC ID#:_		Amount of contribution (\$) \$1,000.00
	Contributor address; 12115 Doc Adams St	City; State: Laredo, Texas 7	Zip Code '8045	
			Contributor's job title	
	's principal occupation Owner/ Transportation			
Business (Law firm of contributor	's spouse (if any)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: 22 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME: Jesus M. Dominguez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC ID#: 7/25/2018 Yvonne Arroyo \$500.00 6 Contributor address; City; State; Zip Code 3109 Cortez St Laredo, Texas 78043 Contributor's principal occupation 9 Contributor's job title Paralegal Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Law Office of Jesus M. Dominguez 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:_ 7/23/2018 Meme Gonzalez \$500.00 Contributor address; City; State; Zip Code 1020 Main Avenue Laredo, Texas 78040 Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC ID#:_ Amount of contribution (\$) Rebecca Azios \$250.00 7/23/2018 Contributor address; City; State: Zip Code 3 Weatherwood Laredo, Texas 78041 Contributor's principal occupation Contributor's job title Owner Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

	The Instruction Guide explains how	v to complete this f	iorm.	1 Total pages Schedule A(J)1: 22
2 FILER NAM	ME: Jesus M. Dominguez	3 Filer ID (Ethics Commission Filers)		
1 Date	5 Full name of contributor	out-of-state PAC II	D#:)	7 Amount of contribution (\$)
Jose Luis Castillo 6 Contributor address; City; State; Zip Code 1302 Lois Lane Laredo, Texas 78041			\$1,000.00	
Contributor Owner	r's principal occupation		9 Contributor's job title Attorney	
	r's employer/law firm e of Jose Luis Castillo, P.C.		11 Law firm of contributor's	s spouse (if any)
2 If contribute	or is a child, law firm of parent(s) (if any	/)		
Date Full name of contributor		out-of-state PAC IE)#:)	Amount of contribution (\$)
Tom Benavides			\$2,500.00	
	Contributor address; 1202 E. Del Mar Blvd Suite 3B	City; State; Laredo, Texa	Zip Code as 78041	
Contributor operty Mana	r's principal occupation agement		Contributor's job title	
	r's employer/law firm mas Benavidez		Law firm of contributor	s spouse (if any)
If contribute	or is a child, law firm of parent(s) (if any	<i>y</i>)		
Date	Full name of contributor	out-of-state PAC ID:	#:	Amount of contribution (\$)
13/2018	Jesus Covarrubias			\$500.00
	Contributor address; 9003 San Dario Ave	City; State: Laredo, Texa	Zip Code as 78045	i L
	r's principal occupation Owner/ Import Export		Contributor's job title	
Business			Law firm of contributor	's spouse (if any)
Contributor'	r's employer/law firm Forwarding, LLC			

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SCHEDULE A(J)1

John 6 104 8 Contributor's principa 10 Contributor's emplo 12 If contributor is a ch	Full name of contributor out-of-state PAC II n or Anna Galo Contributor address; City; State Brand Dr. Laredo, Tex pal occupation Dyer/law firm Inild, law firm of parent(s) (if any) Full name of contributor out-of-state PAC II II C. Saenz Contributor address; City; State; 2 Washington St Laredo, Texa	9 Contributor's job title 11 Law firm of contributor's	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$2,500.00 s spouse (if any) Amount of contribution (\$) \$500.00
Johr 6 104 8 Contributor's principa 10 Contributor's emplo 12 If contributor is a chi Date 23/2018 Paul 1302 Contributor's princip	n or Anna Galo Contributor address; City; State Brand Dr. Laredo, Tex Dal occupation Dyer/law firm Dilid, law firm of parent(s) (if any) Full name of contributor out-of-state PAC II II C. Saenz Contributor address; City; State; 2 Washington St Laredo, Texa	e; Zip Code xas 78041 9 Contributor's job title 11 Law firm of contributor's	\$2,500.00 's spouse (if any) Amount of contribution (\$)
8 Contributor's principa 10 Contributor's emplo 12 If contributor is a ch Date 23/2018 Paul 1302 Contributor's princip Business Owner	Contributor address; City; State Brand Dr. Laredo, Tex Dal occupation Diver/law firm Diver/law firm Diver/law firm of parent(s) (if any) Full name of contributor out-of-state PAC II Diver/law firm out-of-state PAC III Diver/law firm out-of	9 Contributor's job title 11 Law firm of contributor's	's spouse (if any) Amount of contribution (\$)
8 Contributor's principa 10 Contributor's emplo 12 If contributor is a chi Date /23/2018 Paul 1302 Contributor's princip Business Owner	pal occupation Diver/law firm Diver/law firm	9 Contributor's job title 11 Law firm of contributor's	Amount of contribution (\$)
Date /23/2018 Contributor's emplo Date /23/2018 Paul 1302 Contributor's princip Business Owner	oyer/law firm nild, law firm of parent(s) (if any) Full name of contributor out-of-state PAC II Il C. Saenz Contributor address; City; State; 2 Washington St Laredo, Texa	11 Law firm of contributor's D#:	Amount of contribution (\$)
Date (23/2018 Paul 1302 Contributor's princip Business Owner	Full name of contributor out-of-state PAC II Il C. Saenz Contributor address; City; State; 2 Washington St Laredo, Texa	D#:)	Amount of contribution (\$)
Date /23/2018 Paul 1302 Contributor's princip Business Owner	Full name of contributor out-of-state PAC II II C. Saenz Contributor address; City; State; 2 Washington St Laredo, Texa	; Zip Code	
Paul 1302 Contributor's princip Business Owner	Contributor address; City; State; 2 Washington St Laredo, Texa	; Zip Code	
Contributor's princip Business Owner	Contributor address; City; State; 2 Washington St Laredo, Texa		\$500.00
Contributor's princip Business Owner	2 Washington St Laredo, Texa		
Business Owner		as 70040	
Contributor's employ	Contributor's principal occupation Business Owner		<u>I</u>
Law Office of Paul		Law firm of contributor	's spouse (if any)
If contributor is a ch	nild, law firm of parent(s) (if any)	J	
i i	Full name of contributor out-of-state PAC II	D#:)	Amount of contribution (\$)
Juan R. Lozano/ Adriana M. Lozano			\$100.00
	Contributor address; City; State: 4 Suncrest Laredo, Text		
Contributor's princip	pal occupation	Contributor's job title	<u>L.</u>
Contributor's employ	yer/law firm	Law firm of contributor	r's spouse (if any)
If contributor is a chi	nild, law firm of parent(s) (if any)	<u></u>	

SCHEDULE A(J)1

Date 5 Full name of contributor cut-of-state PAC IDF: 7 Amount of contribution (R22018 Russell Jerome Jordan 6 Contributor address; 1020 Main Ave. 1020 Mai	FILER NAME: Jesus M. Dominguez 3 Filer ID (Ethics Commission F	-ilers)
4 Date 5 Full name of contributor out-of-state PAC ID#	Date	-ilers)
Russell Jerome Jordan 6 Contributor's principal occupation Business Owner 3 Contributor's principal occupation Business Owner 10 Contributor's employer/law firm Law Office of Russell J. Jordan, P.C. 11 Law firm of contributor's spouse (if any) Date Full name of contributor Javier Montemayor Jr Contributor's principal occupation Business Owner Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Business Owner Contributor's principal occupation Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor's principal occupation Contributor's principal occupation Edelmiro Martinez Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Edelmiro Martinez Contributor's principal occupation Edelmiro Martinez Contributor's principal occupation Business Owner Contributor's employer/law firm Contributor's principal occupation Business Owner Contributor's employer/law firm Law firm of contributor's spouse (if any)	Date 5 Full name of contributor out-of-state PAC ID#:	
6 Contributor address; 1020 Main Ave. City: State: Zip Code Laredo, Texas 78040 8 Contributor's principal occupation Business Owner 10 Contributor's employer/law firm Law Office of Russell J. Jordan, P.C. 11 Law firm of contributor's spouse (if any) Date Full name of contributor oul-of-state PAC ID#		(\$)
Business Owner 10 Contributor's employer/law firm Law Office of Russell J. Jordan, P.C. 11 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Javier Montemayor Jr Contributor address; 7718 McPherson Rd., Suite F150 Contributor's principal occupation Business Owner Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Law firm of contributor's spouse (if any) Amount of contribution \$500.00 Contributor's principal occupation Edelmiro Martinez Contributor is a child, law firm of parent(s) (if any) Date It/2018 Full name of contributor Edelmiro Martinez Contributor address; City: State: Zip Code Law firm of contributor's spouse (if any) Amount of contribution Source Amount of contribution Source Contributor's principal occupation Business Owner Contributor's principal occupation Business Owner Contributor's principal occupation Business Owner Law firm of contributor's spouse (if any)	6 Contributor address; City; State; Zip Code	
Law Office of Russell J. Jordan, P.C. If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Out-of-state PAC ID#: To/2018 Full name of contributor Sprincipal occupation Business Owner Contributor's principal occupation Business Owner Full name of contributor Out-of-state PAC ID#: Sprincipal occupation Business Owner Contributor's principal occupation Business Owner Contributor's employer/law firm Attorney at Law Full name of contributor Out-of-state PAC ID#: Amount of contribution Sprincipal occupation Edelmiro Martinez Contributor's principal occupation Business Owner Contributor's principal occupation Business Owner Contributor's employer/law firm Contributor's pob title Law firm of contributor's spouse (if any) Law firm of contributor's pob title Contributor's principal occupation Business Owner Law firm of contributor's spouse (if any)		
Javier Montemayor Jr Contributor address; 7718 McPherson Rd., Suite F150 Contributor's principal occupation Business Owner Contributor is a child, law firm of parent(s) (if any) Date 114/2018 Full name of contributor Contributor's employer/law firm Attorney at Law Full name of contributor Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of contributor is spouse (if any) Amount of contribution is possible in the full parent is a child, law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)	
Contributor address; City; State; Zip Code 7718 McPherson Rd., Suite F150 Laredo, Texas 78040 Contributor's principal occupation Business Owner Contributor's employer/law firm Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 14/2018 Full name of contributor Edelmiro Martinez Contributor address; City; State: Zip Code 502 Houston Laredo, Texas 78040 Contributor's principal occupation Business Owner Contributor's employer/law firm Contributor's principal occupation Business Owner Contributor's employer/law firm Law firm of contributor's spouse (if any)	Date Full name of contributor out-of-state PAC ID#:	(\$)
Contributor's principal occupation Business Owner Contributor's employer/law firm Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 14/2018 Full name of contributor Edelmiro Martinez Contributor address; 502 Houston Contributor's employer/law firm City; State: Zip Code Laredo, Texas 78040 Contributor's principal occupation Business Owner Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any)	Javier Montemayor Jr \$500.00	
Business Owner Contributor's employer/law firm Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 14/2018 Full name of contributor Edelmiro Martinez Contributor address; 502 Houston Contributor's principal occupation Business Owner Contributor's employer/law firm Attorney Law firm of contributor's spouse (if any) Amount of contribution \$500.00 Contributor's job title Contributor's spouse (if any)		
Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC ID#:	Pusinger Owner	
Date Full name of contributor out-of-state PAC ID#:	Law min or contributor a apouse (ii any)	
Edelmiro Martinez Contributor address; City; State: Zip Code Laredo, Texas 78040 Contributor's principal occupation Business Owner Contributor's employer/law firm Contributor's spouse (if any)	f contributor is a child, law firm of parent(s) (if any)	
Edelmiro Martinez Contributor address; 502 Houston Contributor's principal occupation Business Owner Contributor's employer/law firm Edelmiro Martinez \$500.00 \$500.00 Contributor's job title Contributor's job title Law firm of contributor's spouse (if any)	Amount of contribution	(\$)
502 Houston Laredo, Texas 78040 Contributor's principal occupation Business Owner Contributor's employer/law firm Law firm of contributor's spouse (if any)	Edelmiro Martinez	
Business Owner Contributor's employer/law firm Law firm of contributor's spouse (if any)		
	,	
E & G Real Estate Investment LLC	Contributor's employer/law firm E & G Real Estate Investment LLC Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)	f contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A(J)1

	The Instruction Guide explains ho	w to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NA	ME: Jesus M. Dominguez	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC ID#:		out-of-state PAC ID#:	7 Amount of contribution (\$)
/23/2018	Marco Antonio Morales 6 Contributor address;	Marco Antonio Morales	
3 Contributo	or's principal occupation	9 Contribut	tor's job title
0 Contribute	or's employer/law firm	11 Law firm o	of contributor's spouse (if any)
2 If contribu	utor is a child, law firm of parent(s) (if an	у)	
Date	Full name of contributor	out-of-state PAC ID#:	Amount of contribution (\$)
Gerardo Gonzalez Juaristi			\$500.00
		City; State; Zip Code Laredo, Texas 78045	
Contributo	or's principal occupation	Contribut	tor's job title
Contributo	or's employer/law firm	Law firm	of contributor's spouse (if any)
If contribu	utor is a child, law firm of parent(s) (if ar	ıy)	
Date	Full name of contributor	out-of-state PAC ID#:) Amount of contribution (\$)
29/2018	Antonio Yarza		\$500.00
	Contributor address; 2610 Burke	City; State: Zip Code Laredo, Texas 78045	
Contributo	or's principal occupation	Contribut	tor's job title
Contributo	or's employer/law firm	Law firm	of contributor's spouse (if any)
If contribut	ttor is a child, law firm of parent(s) (if an	y)	

SCHEDULE A(J)1

٦	The Instruction Guide explains how to co	omplete this f	orm.	1 Total pages Schedule A(J)1: 22
2 FILER NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor out-of-state PAC ID#:		7 Amount of contribution (\$)		
Rigoberto Lopez 6 Contributor address; City; State; Zip Code 315 Calle Del Norte Suite 201 Laredo, Texas 78041		Zip Code as 78041	\$200.00	
8 Contributor's p Business C	principal occupation Dwner		9 Contributor's job title Certified Public Accou	ntant
10 Contributor's employer/law firm R. Lopez CPA			11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	I		
Date Full name of contributor out-of-state PAC ID#:		#:)	Amount of contribution (\$)	
Rafael R. Orduna/ Patricia C. Orduna Contributor address; City; State; 1309 Nicklaus Loop N. Laredo, Tex			\$100.00	
Contributor's p	l orincipal occupation oner		Contributor's job title	
Contributor's e	employer/law firm		Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)			
Date /28/2018		t-of-state PAC ID≱	#:	Amount of contribution (\$)
		City; State: aredo, Texas		\$250.00
	I principal occupation ner/ Custom Broker		Contributor's job title	
Contributor's e JD Gonzalez	employer/law firm CHB		Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)			

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SCHEDULE A(J)1

	The Instruction Guide explains ho	w to complete this fo	orm.	1 Total pages Schedule A(J)1: 22
2 FILER NAM	E: Jesus M. Dominguez	3 Filer ID (Ethics Commission Filers		
4 Date	5 Full name of contributor	out-of-state PAC ID:	#:)	7 Amount of contribution (\$)
3/29/2018				\$200.00
8 Contributor's	principal occupation		9 Contributor's job title	<u> </u>
10 Contributor's	s employer/law firm		11 Law firm of contributor	s spouse (if any)
12 If contributor	r is a child, law firm of parent(s) (if ar	ny)		
Date	Full name of contributor	out-of-state PAC ID:	#:)	Amount of contribution (\$)
9/5/2018	Antonio Pena Contributor address; 4317 San Dario Ave	City; State; Laredo, Texa	Zip Code is 78041	\$300.00
Contributor's Business C	s principal occupation		Contributor's job title	
	s employer/law firm ved Trucks & Cars LLC		Law firm of contributor	's spouse (if any)
If contributo	r is a child, law firm of parent(s) (if ar	ny)		
Date /5/2018	Full name of contributor	out-of-state PAC ID#	¢:)	Amount of contribution (\$) \$300.00
	Contributor address; 1619 Market St	City; State: Laredo, Texas	Zip Code s 78043	
Contributor's Business O	s principal occupation		Contributor's job title	<u> </u>
	s employer/law firm	sto 9 Twisk Color	Law firm of contributor	's spouse (if any)
	nvestments INC DBA Five Star Au	Ito & Truck Sales		

SCHEDULE A(J)1

	The Instruction Guide explains how	w to complete this	form.	1 Total pages Schedule A(J)1: 22
2 FILER NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC II	D#:)	7 Amount of contribution (\$)
9/6/2018			\$150.00	
8 Contributor Business	r's principal occupation Owner		9 Contributor's job title	
10 Contributor	r's employer/law firm		11 Law firm of contributor's	s spouse (if any)
12 If contribute	or is a child, law firm of parent(s) (if an	ıy)		
Date	Full name of contributor	out-of-state PAC II	D#:)	Amount of contribution (\$)
/5/2018	Ruben Cantu			\$1,500.00
	Contributor address; 8300 Mines Road	City; State; Laredo, Texa		
Contributor Business (r's principal occupation Owner	-	Contributor's job title	
	r's employer/law firm Trucks & Cars, INC		Law firm of contributor	's spouse (if any)
If contribute	or is a child, law firm of parent(s) (if an	ıy)		
Date	Full name of contributor	out-of-state PAC ID	D#:)	Amount of contribution (\$)
/05/2018	Diana M. Dozal			\$300.00
	Contributor address; 1901 San Dario Ave	City; State: Laredo, Texa		
	San Bano / No			
Contributor Business	's principal occupation		Contributor's job title	
Business	's principal occupation		Contributor's job title Law firm of contributor	's spouse (if any)

SCHEDULE A(J)1

	The Instruction Guide explains how	w to complete this f	iorm.	1 Total pages Schedule A(J)1:	
2 FILER NAM	2 FILER NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC IC	D#:)	7 Amount of contribution (\$)	
0/5/2018			\$300.00		
8 Contributor Business (or's principal occupation Owner		9 Contributor's job title		
	r's employer/law firm Auto Sales		11 Law firm of contributor'	's spouse (if any)	
12 If contributo	or is a child, law firm of parent(s) (if an				
Date	Full name of contributor	out-of-state PAC ID)#:)	Amount of contribution (\$)	
Evan Gutierrez			\$200.00		
	Contributor address; 6544 Grande Bay	City; State; Laredo, Texa		·	
	r's principal occupation le Examiner		Contributor's job title		
Contributor Stewart	r's employer/law firm Title		Law firm of contributor	's spouse (if any)	
If contribute	or is a child, law firm of parent(s) (if an	ıy)			
Date	Full name of contributor	out-of-state PAC ID:	#:)	Amount of contribution (\$)	
J. Omar Gonzalez Jr.				\$400.00	
	Contributor address; 3008 Woodland Cove	City; State: Laredo, Texa		·	
	r's principal occupation Owner/ Freight Fowarder		Contributor's job title	<u>I</u>	
Contributor	r's employer/law firm		Law firm of contributor	r's spouse (if any)	
If contributo	or is a child, law firm of parent(s) (if an	<u> </u>			

SCHEDULE A(J)1

	The Instruction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: 22
2 FILER NAME	: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filer
1 Date	5 Full name of contributorJorge Cigarroa / Adriana Cigarroa6 Contributor address;PO Box 642	out-of-state PAC ID City; State; Laredo, Texa		7 Amount of contribution (\$) \$250.00
	principal occupation Owner/ Custom Broker		9 Contributor's job title	
Contributor's Cigarroa Dis	employer/law firm spatch		11 Law firm of contributor	s spouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)			······································
Date	Full name of contributor	out-of-state PAC ID	#:	Amount of contribution (\$)
/11/2018				\$1,000.00
	Contributor address; 602 E. Calton Rd P.O. Box 6668	City; State; Laredo Texas	Zip Code s 78041	
Contributor's Business Ov	principal occupation wner		Contributor's job title	
	employer/law firm worth Borchers & Morales LLP		Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		1.200	
Date	Full name of contributor	out-of-state PAC ID	#:)	Amount of contribution (\$)
/6/2018	Sergio Lozano			\$300.00
	Contributor address; 1010 Juarez Ave.	City; State: Laredo, Texas	Zip Code s 78040	
Contributor's Business Ov	principal occupation vner		Contributor's job title Attorney	
Contributorla	employer/law firm f Sergio Lozano		Law firm of contributor	's spouse (if any)
	-			

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SCHEDULE A(J)1

	The Instruction Guide explains ho	w to complete this	form.	1 Total pages Schedule A(J)1:
Priler NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor out-of-state PAC ID#:		; Zip Code	7 Amount of contribution (\$) \$300.00	
Contributo Business	or's principal occupation Owner		9 Contributor's job title	
Contributo TUM Logi	or's employer/law firm istics Inc		11 Law firm of contributor's	s spouse (if any)
2 If contribut	or is a child, law firm of parent(s) (if ar	ıy)	<u> </u>	
Date 26/2018	Full name of contributor out-of-state PAC ID#:)		Amount of contribution (\$) \$100.00	
	Contributor address; 1102 Scott St	City; State; Laredo, Tex		
Contributor's principal occupation Business Owner		Contributor's job title \$100.00		
	r's employer/law firm Perez Law Firm		Law firm of contributor	's spouse (if any)
If contribut	or is a child, law firm of parent(s) (if ar	ıy)		
Date	Full name of contributor Dr. Eliel Nataki	out-of-state PAC ID)#:)	Amount of contribution (\$)
· ·	Contributor address; 6801 McPherson Rd	City; State: Laredo, Texa		\$500.00
Contributor Business	r's principal occupation Owner		Contributor's job title Doctor	
Contributor's employer/law firm Laredo Pain Consultants Inc			Law firm of contributor	's spouse (if any)
Laredore			1	

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
P FILER NAME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
1 Date 28/2018	5 Full name of contributor out-of-state PAC Santiago D. Lozano/ Mariaelena Lozano 6 Contributor address; City; State 8912 Orange Blossom Laredo, Te		7 Amount of contribution (\$) \$500.00
Contributor's Business O	principal occupation wner	9 Contributor's job title	<u> </u>
0 Contributor's	employer/law firm	11 Law firm of contributor's	s spouse (if any)
2 If contributor	is a child, law firm of parent(s) (if any)	<u>.l.</u>	
Date	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Contributor's	principal occupation	Contributor's job title	<u> </u>
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)	<u> </u>	
Date /4/2018	Full name of contributor out-of-state PAC I Matias De Llano Contributor address; City; State	e: Zip Code	Amount of contribution (\$) \$200.00
	3113 Fair Oak Drive Laredo, Tex	xas 78045	
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
	is a child, law firm of parent(s) (if any)	<u></u>	

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SCHEDULE A(J)1

	The Instruction Guide explains how	w to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NA	ME: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorFernando De LLano6 Contributor address;	City; State;		7 Amount of contribution (\$) \$150.00
	307 Jordan	Laredo, Tex	xas 78041	
8 Contributor	r's principal occupation		9 Contributor's job title	
10 Contribute	or's employer/law firm		11 Law firm of contributor	r's spouse (if any)
12 If contribut	tor is a child, law firm of parent(s) (if an	 ny)		
Date	Full name of contributor	out-of-state PAC ID)#:)	Amount of contribution (\$)
0/4/2018	Zulema De Llano			\$100.00
	Contributor address; 2615 Mier St.	City; State; Laredo, Texa	Zip Code as 78043	
Contributo	or's principal occupation		Contributor's job title	
Contributo	or's employer/law firm		Law firm of contributor	ır's spouse (if any)
If contribut	tor is a child, law firm of parent(s) (if an	<u> </u>		
Date 0/4/2018	Full name of contributor	out-of-state PAC ID:	#:)	Amount of contribution (\$)
	Contributor address; 802 Bellegrino Ct	City; State: Laredo, Texas		\$100.00
Contributo Business	or's principal occupation Owner		Contributor's job title	
Contributor AMC Leas	or's employer/law firm se LLC		Law firm of contributor	r's spouse (if any)
If contribut	tor is a child, law firm of parent(s) (if an	ıy)		

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SCHEDULE A(J)1

	The Instruction Guide explains he	ow to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAM	1E: Jesus M. Dominguez			3 Filer ID (Ethics Commission Filers)
8 Date 0/4/2018	 9 Full name of contributor Sergio Muzza 10 Contributor address; 3801 Winrock 	out-of-state PAC IC City; State; Laredo, Te		11 Amount of contribution (\$) \$300.00
9 Contributor Business	's principal occupation Owner		9 Contributor's job title	
10 Contributor	's employer/law firm		11 Law firm of contributor's	s spouse (if any)
12 If contribute	or is a child, law firm of parent(s) (if a	ny)	<u>L</u>	
Date	Full name of contributor	out-of-state PAC II	D#:	Amount of contribution (\$)
0/2/2018	Fernando Solis			\$250.00
	Contributor address; 821 Pacific Blvd	City; State; Laredo, T	Zip Code exas 78045	
Contributor Business	's principal occupation Owner		Contributor's job title	
	's employer/law firm Solis & Associates LLC		Law firm of contributor	's spouse (if any)
Fernando				
	or is a child, law firm of parent(s) (if a	uny)		
If contribute	Full name of contributor Jorge N. Larralde)#:)	Amount of contribution (\$)
If contribute	Full name of contributor		Zip Code	Amount of contribution (\$) \$1,000.00
If contribute Date 0/1/2018	Full name of contributor Jorge N. Larralde Contributor address; 310 Crossroads	out-of-state PAC IE	Zip Code	
Date 0/1/2018 Contributor Business (Full name of contributor Jorge N. Larralde Contributor address; 310 Crossroads s principal occupation Dwner s employer/law firm	out-of-state PAC IE	Zip Code 78045	\$1,000.00

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONT	RIBUTIONS		SCHEDOLE FALL
Th	ne Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:
2 FILER NAME	E: Jesus M. Dominguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 8/15/201	6 Full name of contributor out-of-state PAC (ID#:) Hector Tito Garcia		8 Amount of 9 In-kind contribution Contribution description
	7 Contributor address; City; State; Zip Coo 1000 Zaragoza Laredo, Texas 78040	le	\$1,500.00 Food, Drinks and Service for Fundraiser Check if travel outside of Texas. Complete Schedule T.
9 Principal occ General Man	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) ager	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's General M	principal occupation (FOR JUDICIAL) anager	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full_name_of_contributor)	Amount of In-kind contribution Contribution \$ description
8/15/2018	Nora Flores, Promega		s290.00 Advertisement/ Flyers/ Invitations
	Contributor address; City; State; Zip Co 1615 Jacaman Rd Laredo Texas 78041	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ Owner	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor'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)		

	MONETARY (IN-KIND) POLITICATE RIBUTIONS	AL	SCHEDULE A2	
T	he Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAM	E: Jesus M. Dominguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 8/15/201	out-of-state (AO (ID#:)		8 Amount of 9 In-kind contribution description	
	7 Contributor address; City; State; Zip Coo Laredo, Texas	de	\$200.00 Music DJ Check if travel outside of Texas. Complete Schedule T.	
4 Principal occ General Man	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) ager	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's General M	s principal occupation (FOR JUDICIAL) lanager	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributorout-of-state PAC (ID#: Contributor address; City; State; Zip Co) de	Amount of In-kind contribution Contribution \$ description	
			Check if travel outside of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor'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			

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

(appic	IAL)		SCHEDULE D(3)
Т	he Instruction Guide explains how to complete this f	form.	1 Total pages Schedule B(J):
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution of Pledge \$ description
	7 Pledgor address; City; State; Z	ip Code	Check if travel outside of Texas. Complete Schedule T.
10 Pledgor's princ	cipal occupation	11 Pledgor's job	
12 Pledgor's emp	oloyer/law firm	13 Law firm of pl	edgor's spouse (if any)
14 If pledgor is a	child, law firm of parent(s) (if any)	1	
Date	Full name of pledgor		Amount In-kind contribution of Pledge \$ description
	Pledgor address; City; State; Z	ip Code	Chack if the call outside of Towns Consults Cohodule T
Pledgor's princ	Cipal occupation	Pledgor's job	Check if travel outside of Texas. Complete Schedule T. title
Pledgor's emp	oloyer/law firm	Law firm of pl	edgor's spouse (if any)
If pledgor is a	child, law firm of parent(s) (if any)	J	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description
	Pledgor address; City; State; Z	ip Code	Check if travel outside of Texas. Complete Schedule T.
Pledgor's princ	sipal occupation	Pledgor's job	
Pledgor's emp	loyer/law firm	Law firm of pl	edgor's spouse (if any)
If pledgor is a	child, law firm of parent(s) (if any)		
If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instructi		

LOANS (JUDICIAL)		SCHEDULE E(J)
The li	nstruction Guide explains how to complete t	this form.	1 Total pages Schedule E(J):
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Lender's Principal	Occupation	13 Lender's Job Title	
14 Lender's Employer	/Law Firm	15 Law Firm of lender's spou	use (if any)
16 If lender is a child,	law firm of parent(s) (if any)		
17 Description of Colla	ateral	18 Check if personal funds v account (See Instructions)	
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City;	State; Zip Code	
not applicable			
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's s	spouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIE If lender is out-of-state PAC, please see insi	ES OF THIS SCHEDULE AS NE	

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

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 (out or District)

Candidate/Officeholder/Politica Credit Card Payment	•	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 7/26/2018	5 Payee name Lamar Media Corporation		
Amount (\$)	7 Payee address; City; State; Zip Code 5543 East Highway 359 Laredo, Texas 78	046	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertisement	Check if travel outs	ide of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
7/30/2018	El Querreque Grill		
Amount (\$) 68.51	Payee address; City; State; Zip Code 9701 McPherson Rd Laredo, Texas 78045		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ meeting		de of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/30/2018	The Home Depot		
Amount (\$) 91.76	Payee address; City; State; Zip Code 5710 San Bernardo Ave, Laredo Texas 78041		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Material for signs		de of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct	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
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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	, , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2018	5 Payee name IBC		1
6 Amount (\$) 17.35	7 Payee address; City; State; Zip Code 1200 San Bernardo Ave. Laredo Texas 780	42	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Analysis Charge		utside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 7/26/2018	Payee name C&E Communications		
Amount (\$) 7,000.00	Payee address; City; State; Zip Code 8127 Mesa Drive Suite B206-153 Austin Texas 787	50	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 8/17/2018	Payee name Facundo Mondragon		
Amount (\$) 425.00	Payee address; City; State; Zip Code , Laredo Texas 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	1 🖳	tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NI	EEDED

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)

Oredit Oard Layment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2018	5 Payee name Print and More		-
6 Amount (\$) 672.20	7 Payee address; City; State; Zip Code 3911 Hwy Zapata Memorial Laredo, Texas	s 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement		e of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 8/27/2018	Payee name Suarez Restaurant		
Amount (\$) 7.00	Payee address; City; State; Zip Code 4800 McPherson Rd Laredo, Texas 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ meeting		of Texas. Complete Schedule T. rfficeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 8/27/2018	Payee name Patria Office Supply		
Amount (\$) 12.67	Payee address; City; State; Zip Code 301 E. Calton Rd, Laredo Texas 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Flyers	<u> </u>	of Texas. Complete Schedule T. Ifficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED

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 Gifl/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 o	complete this form.	((
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/27/2018	5 Payee name Office Depot		
6 Amount (\$) 44.72	7 Payee address; City; State; Zip Code 5718 N. San Bernardo Ave Laredo, Texas	78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Supplies/ Signs		tside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 8/27/2018	Payee name Danny's Restaurant		
Amount (\$) 50.76	Payee address; City; State; Zip Code 2406 Jacaman Rd Laredo, Texas 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ meeting	1 =	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 8/27/2018	Payee name Promega Signs		
Amount (\$) 2,500.00	Payee address; City; State; Zip Code 1615 Jacaman Rd Laredo Texas 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	🖳	side of Texas. Complete Schedule T. 'X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

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 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 shove)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date /28/2018	5 Payee name Lowes		1
Amount (\$) 6.19	7 Payee address; City; State; Zip Code 6623 San Dario Ave Laredo, Texas 78041		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Materials/ Signs		utside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date 8/28/2018	Payee name The Home Depot		
Amount (\$) 65.73	Payee address; City; State; Zip Code 5710 San Bernardo Ave Laredo, Texas 78041	.,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Material/ Signs		itside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 8/30/2018	Payee name Lamar Media		
Amount (\$) 91.76	Payee address; City; State; Zip Code 5543 East Highway 359 Laredo, Texas 7	78046	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	🖳	rtside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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

Lotal pagas Cabadula Etc		omplete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date /31/2018	5 Payee name IBC		<u></u>
Amount (\$) 3.93	7 Payee address; City; State; Zip Code 1200 San Bernardo Laredo, Texas 78041		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Analysis Charge	i	outside of Texas. Complete Schedule T.
OF		Check if Austin	, TX, officeholder living expense
EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
9/04/2018	Juan Rodriguez		
Amount (\$) 300.00	Payee address; City; State; Zip Code Laredo, Texas 78045		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Category (See Categories listed at the top of this schedule) Advertisement	•	utside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE		Check if travel or	utside of Texas, Complete Schedule T. TX, officeholder living expense
OF	Advertisement Candidate / Officeholder name	Check if travel or	·
OF EXPENDITURE Complete ONLY if direct	Advertisement Candidate / Officeholder name	Check if travel ou Check if Austin,	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Advertisement Candidate / Officeholder name OH	Check if travel ou Check if Austin,	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name	Check if travel ou Check if Austin,	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 9/4/2018 Amount (\$)	Advertisement Candidate / Officeholder name OH Payee name Walmart Payee address; City; State; Zip Code	Check if travel ou Check if Austin,	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 9/4/2018 Amount (\$) 11.56	Candidate / Officeholder name OH Payee name Walmart Payee address; City; State; Zip Code 5610 San Bernardo Ave, Laredo Texas 78041 Category (See Categories listed at the top of this schedule)	Check if Austin, Check if Austin, Office sought Description	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 9/4/2018 Amount (\$) 11.56	Candidate / Officeholder name OH Payee name Walmart Payee address; City; State; Zip Code 5610 San Bernardo Ave, Laredo Texas 78041	Check if Austin, Check if Austin, Office sought Description Check if travel or	TX, officeholder living expense Office held

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

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

	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/2018	5 Payee name Promega		
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 1615 Jacaman Rd Laredo Texas 78041		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertisement		utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/13/2018	Sams Club		
Amount (\$) 190.12	Payee address; City; State; Zip Code 4810 San Bernardo Ave Laredo, Texas 78041		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/ meeting	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, 7	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9/13/2018	Gotprint.com		
Amount (\$) 430.22	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement /Door Hangers		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED

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 o	complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
17/2018	Suarez Restaurant		
Amount (\$)	7 Payee address; City; State; Zip Code		
5.78	4800 McPherson Laredo, Texas 78041		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Food/ Meeting	Check if travel outside	of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
9/19/2018	Fuddruckers		
Amount (\$)	Payee address; City; State; Zip Code		
34.80	711 W. Hillside Rd Laredo, Texas 78041		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/ meeting Checkiftravelo		of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, of	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/24/2018	Lowes		
Amount (\$)	Payee address; City; State; Zip Code		
21.29	6623 San Dario Ave , Laredo Texas 78041		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Material for signs	Check if travel outside of	of Texas. Complete Schedule T.
	Material for signs	Check if Austin, TX, of	fficeholder living expense
OF EXPENDITURE			

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

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

•	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2018	5 Payee name The Home Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
32.85	5710 San Bernardo Ave Laredo, Texas 78	3041	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Materials	Checkiftravelo	outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/24/2018	The Home Depot		
Amount (\$) 96.16	Payee address; City; State; Zip Code 5710 San Bernardo Ave Laredo, Texas	78041	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Materials		utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9/25/2018	Print & More		
Amount (\$) 500.00	Payee address; City; State; Zip Code 3911 Jaime Zapata Memorial Hwy, Laredo Texas 780	043	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertisement	1	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED

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

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

	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2018	5 Payee name Jet Bowl North		
6 Amount (\$) 14.34	7 Payee address; City; State; Zip Code 5823 McPherson Rd Laredo, Texas 7804	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/ Meeting		utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/27/2018	Lamar Media		
Amount (\$) 1,050.00	Payee address; City; State; Zip Code 5543 E. Highway 359 Laredo, Texas 78046		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/ meeting Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Data	Payee name		
Date 9/30/2018	Payee name IBC		
Amount (\$) 21.16	Payee address; City; State; Zip Code 1200 San Bernardo Ave , Laredo Texas 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Analysis Charge		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED

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

<u> </u>	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2018	5 Payee name Urbano Rosas		
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code Laredo, Texas		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Volunteer		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 10/2/2018	Payee name Mundo Publicitario		
Amount (\$) 200.00	Payee address; City; State; Zip Code Laredo, Texas		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10/2/2018	Payee name Rafael Garcia		
Amount (\$) 625.00	Payee address; City; State; Zip Code Laredo Texas		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED .

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Political C	Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
	v	ns how to complete this form.	caller (criter a salegery flet acted accord)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIA	ZED UNPAID INCURRED OBLIC	BATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zi	p Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Descriptio	n
PURPOSE OF		Checki	travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check i	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	p Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Checkit	on travel outside of Texas. Complete Schedule T. 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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		1 Tota	I pages Schedule F3	······································
<u>.</u>	he Instruction Guide explains how to complete this form.			
FILER NAME		3 Filer	ID (Ethics Commiss	ion Filers)
Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased;	City;	State;	Zip Code
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased;	City;	State;	Zip Code
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEE	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip	Code				
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	۱			
PURPOSE		Checkif	travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if	Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip	Code				
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if	nn travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politica		pense Polling rials Expense Printin	Overnead/Rental Expense Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		on Guide explains how t		Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; Cit	ty; State; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed	at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder OH	name	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; Cit	y; State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed	d at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder DH	name	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; Cit	y; State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed	at the top of this schedule)		of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder DH	name	Office sought	Office held
	ATTACH ADDITIONA	AL COPIES OF THIS	S SCHEDULE AS NEE	DED

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

SCHEDULE H

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

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 H:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

Date	3 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Sche	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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 Sche	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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 Sche Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF	categories.)	

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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 8 5 Name of person from whom amount is received Amount (\$) 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Date Amount (\$) Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Amount (\$) Name of person from whom amount is received Address of person from whom amount is received; City; State: Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$)

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City;

State;

Zip Code

Check if political contribution returned to filer

Address of person from whom amount is received;

Purpose for which amount is received

OUTSTANDING LOANS SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) FILER NAME: Jesus M. Dominguez LENDER 4 Name of lender INFORMATION Jesus M. Dominguez 5 Lender address; City; State; Zip Code 201 W. Hillside Suite 17 Laredo. Texas 78041 **GUARANTOR** 6 Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code Name of lender LENDER INFORMATION Lender address; City: State: Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; Zip Code State; Name of lender **LENDER** INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Description of Asset	1
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.				rm.	1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	iture reported	on:					
Schedule A2							
Schedule F2	_	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling						
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	diture reporte	d on:		· ··· =			
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	of person(s	s) traveling				
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conferer			name of conference, s	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
Destination city or name of destination location							
Means of transportation Purpose of travel (including name of con			name of conference, se	eminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							