CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

00067897 6 Distriction 3 CANIDATE/ MARE MS / MRS / MR FIRST MI Digitation 00067897 The Honorable Algandra MI Digitation ELECTRONICALLY FILED Digitation 00067023 Mark Dominguez The Honorable Algandra SUFFIX Digitation Digitation 4 ORIGINAL Electronication Tigitation Digitation Digit	1	Filer ID (Eth	ics Commission Filore)	2 Total pages filed:				
3 CANDIDATE / OFFICEPOLDER MS / MRS / MR FRST / M Gejandro / Alejandro / Microsofte /	1 Filer ID (Ethics Commission Filers) 00067897							
OFFICEHOLDER NAME	<u> </u>					NAI.	-	
NAME Other Spectral Option 2023 4 ORIGINAL Instruction SUFFIX Instruction 4 ORIGINAL Instruction Instruction Instruction 5 ORIGINAL Instruction Instruction Instruction Instruction 6 EXPLANTION OF CORRECTION Instruction Instruction Instruction Instruction 6 EXPLANTION OF CORRECTION An entry listed under campaign contribution would more appropriately fit in in Schedule K. As originally filed, the notes are for the sale of office items to another candidate. That sall remains the case. 7 AFFIDAVIT Investigation Investigation Investigation 6 EXPLANTION OF CORRECTION An entry listed under campaign contribution would more appropriately fit in in Schedule K. As originally filed, the notes are for the sale of office items to another candidate. That sall remains the case. 7 AFFIDAVIT Investigation Investigation Investigation 8 ORIGINAL PERIOD Investigation Investigation Investigation 9 OLIGITZOS Investigation Investigation Investigation 9 ORIGINAL PERIOD Investinter candidate Investigation </th <th>3</th> <th></th> <th></th> <th></th> <th></th> <th>IVII</th> <th></th> <th>LLY FILED</th>	3					IVII		LLY FILED
4 OPRIGNAL REPORT TYPE January 15 January 15 Jan		NAME		-				
CORRENAL Control later for the Point of the Poin						SUFFIX		
7 AFFIDAVIT Issued and modified reporting limit							Date Hand-delivered or I	Date Postmarked
AFFIDAVIT AFFIDAVIT Are transmission Are transmissinter transmissinter transmissinter transmission Are transmissio	4					(specify)		
COVERED Serianual reports: Serianual report as originally filed is inaccurate or incomplete i. Serianual report as originally filed is inaccurate or incomplete i. Serianual report as originally filed is inaccurate or incomplete i. Serianual report as originally filed is inaccurate or incomplete i. Serianual report as originally filed is inaccurate or incomplete i. Serianual report and subscribed before me, by the saial			X July 15		· · · ·		Receipt #	Amount
COVERED ENDOD Month Day Year Month Day Month Day Year Month Day Month Day Year Month Day Mo			30th day before election				Data Brassad	
COMPRED 01/01/2023 THROUGH 06/30/2023 6 EXPLANATION OF CORRECTION An entry listed under campaign contribution would more appropriately fit in in Schedule K. As originally filed, the notes are for the sale of office items to another candidate. That still remains the case. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 Check the box next to any and all applicable statements: Image:			8th day before election	Final Report (Attac	ch C/OH-FR)		Date Processed	
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7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements:	6	EXPLANATION OF (CORRECTION				-	
7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Media in good faith and without an intert to mislead or to misrepresent the information contained in the report: I swear, or affirm, that the original report watches as originally filed is inaccurate or incomplete. Other reports: I swear, or affirm, that the original report misrepresent the information contained in the report. I on to later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that are on or misrepresent the information contained or on misrepresent the information contained or on more solution that the tarb tabusines day after the date I learned that the report as originally filed was made in good faith. The Honorable Alejandro Dominguez Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 				d more appropriately	fit in in Schedule K. A	As originally filed,	the notes are for the	e sale of office items
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Needed To Report And Explain Corrections		Signature of offic	er administering oath	Printed name of c	officer administering o	ath	Title of officer admini	stering oath
		-					ort Form	
	Fo	rms provided by Tex		-	-			V3 5 1 00023/76

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00067897	sion Filers)	2 Total pages	s filed: 6
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Alejandro			Date Received	
						CALLY FILED
	NICKNAME	LAST		SUFFIX	09/06/2023	
	Alex	Dominguez				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	855 E. Harrison					
ADDRESS					Receipt #	Amount
Change of Address	Brownsville, TX 78520					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	The Honorable	Wendy				
NAME		,				
	NICKNAME	LAST		SUFFIX		
		Davis		00111/		
		Barlo				
6 CAMPAIGN	STREET ADDRESS (NO PO		Δρτ	/ SUITE #; CITY;		TATE; ZIP CODE
TREASURER	3112 Windsor Rd.	J BOX F LEASE),		730HL#, CH1,		STATE, ZIF CODE
ADDRESS						
(Residence or Business)	Suite A, #525					
	Austin, TX 78703					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(956) 504-0014					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		campaign treasurer
					_	officeholder only)
	X July 15	8th day before		Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TI		Month Day	Year	
COVERED	01/01/2023	IF	IROUGH	06/30/202	3	
		i				
10 ELECTION	ELECTION DATE Month Day Year		rimon.	ELECTION TYPE	Other	
	03/12/2024		rimary		Other	
	03/12/2024		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	· · · ·		12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 37		State Represent	ative District 3	7
	1			I		
		601	O PAGE 2			
<u> </u>						
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us	;	Ver	sion V3.5.1.99923476

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 6

I

13 C / OH NAME	Dominguez, Alejandı	o (The Honorable)	14 Filer ID 00067897	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	COM candidate / officeholder. These expenditures may have been made without the candidate's or office DLITICAL consent. Candidates and officeholders are required to report this information only if they receive mage						
Additional Pages	COMMITTEE TYPE						
	GENERAL						
		COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
		IZED POLITICAL CONTRIBUTIONS (OTHER THA					
16 CONTRIBUTION TOTALS		CTRONICALLY)	\$ 0.00				
	2. TOTAL POLITIC (OTHER THAN	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	\$ 250.94					
CONTRIBUTION BALANCE							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$ 140,000.00			
17 AFFIDAVIT	-						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Ill information required	companying report is to be reported by me			
		The Honora	ble Alejandro Domin	iguez			
		Signature of	f Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath			
Forms provided by Te	xas Ethics Commissior	n www.ethics.state.tx.us		Version V3.5.1.9992347			

S	UBT	FORM C/OH OVER SHEET PG 3 4 of 6			
	LER NAN Dmingue	//E ez, Alejandro (The Honorable)	19 Filer ID 00067897	(Ethics Commission Filers)	
		SUBTOTAL AMOUNT			
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$ 250.94		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 250.00	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Acco Cons Cont C	ertising Expense Junting/Banking Sulting Expense tributions/ Donations Made By andidate/Officeholder/Politica dit Card Payment	Fees Office Overhead/ Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense			Internet Solicitation/Fundraising Expense Internet Solicitation/Fundraising Expense Internet Transportation Equipment & Relation Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed)			t & Related Expense				
1 Total	pages Schedule F1:	2	FILER NAME	<u>=</u>					3	Filer ID	(Ethic	s Commission Filers)
S	ch: 1/1 Rpt: 5/6		Dominguez	, Alejandro (T	he Honorable))				00067897		
4 Date	1	5	Payee name									
01/0	3/2023		Bank of Am	nerica								
6 Amo	unt (\$) \$96.00		Payee addre 2635 Boca Brownsville	Chica Blvd	State;	Zip Co	de					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 												
	plete <u>ONLY</u> if direct nditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld	
Date			Payee name									
01/17/2023 Chase Bank												
Amo	unt (\$) \$154.94		Payee addre 1401 14th S Washingtor	-	State;	Zip Co	de					
PURPOSE OF EXPENDITURE			(a) Category (See Categories listed at the top of this schedule) Credit Card Payment				 b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment of campaign expenses paid for by CrecCard 				e	
	plete <u>ONLY</u> if direct Inditure to benefit C/OF		Candidate/Off	iceholder name	C	office sou	ght			Office h	eld	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru		tal pages Schedule K: h: 1/1 Rpt: 6/6						
2	FILER NAME	Filer ID	er ID (Ethics Commission Filers)						
	Dominguez,	Ale	00067	67897					
4	Date	5	Name of person from whom amount is received	_		8 Amount (\$)			
	03/26/2023		Janie Lopez Campaign			\$250.00			
		6	Address of person from whom amount is received; City; State; Zip Code						
			San Benito, TX 78586						
		7		oolitio	cal cont	ribution returned to filer			
			Purchase of television						