

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00089835	2 Total pages filed: 30		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jennifer J.	MI	OFFICE USE ONLY		
	NICKNAME JJ	LAST Dominguez	SUFFIX	Date Received ELECTRONICALLY FILED 01/09/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 151 Floresville, TX 78114			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Richard L.	MI			
	NICKNAME	LAST Nimz	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1314 D. St. #B Floresville, TX 78114		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 477-9563					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 31		

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

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

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13 C / OH NAME	Dominguez, Jennifer J. (Mrs.)		14 Filer ID (Ethics Commission Filers) 00089835
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input checked="" type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	Rural America Rising
		COMMITTEE ADDRESS	PO Box 374
			Floyd, VA 24091
			COMMITTEE CAMPAIGN TREASURER NAME Moritz, Lorna
			COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 374
			Floyd, VA 24091
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 14,284.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 4,440.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 12,753.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,669.93

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Jennifer J. Dominguez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT
SUPPORT & TOTALS****FORM C/OH
ADDENDUM**

Page 3 of 30

C / OH NAME	Dominguez, Jennifer J. (Mrs.)		Filer ID 00089835	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..			
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Texas Majority PAC		
		COMMITTEE ADDRESS PO Box 66100		
		Houston, TX 77266		
		COMMITTEE CAMPAIGN TREASURER NAME Lee, Jason		
		COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 66100		
Houston, TX 77266				

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Dominguez, Jennifer J. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00089835
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,284.62
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,669.93
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,854.09
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 586.51
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 16.22

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 5/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexandre, Dominique	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Chicago, IL 60612	
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) RCM
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Howard	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caisse, Scott	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Poth, TX 78147	
Principal occupation / Job title (See Instructions) Stay at home mom		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Holly	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Needham, MA 02492	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyne, Patti	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Adkins, TX 78101	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 6/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugosh, Ann	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Stockdale, TX 78160	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freasier, Betty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Floresville, TX 78114	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fultz, Emmanuel	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Falls City, TX 78113	
Principal occupation / Job title (See Instructions) Funeral Home staff		Employer (See Instructions) Vineyard Funeral Home
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Maria	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Diego, TX 78384	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottsman, Laura	Amount of Contribution (\$) \$24.81
	Contributor address; City; State; Zip Code San Carlos, CA 94070	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 7/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottzman, Laura	7 Amount of Contribution (\$) \$23.81
	6 Contributor address; City; State; Zip Code San Carlos, CA 94070	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulley, Kathy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code La Vernia, TX 78121	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Encinal, TX 78019	
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Encinal, TX 78019	
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Encinal, TX 78019	
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 8/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 Date 11/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, George	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Encinal, TX 78019	
8 Principal occupation / Job title (See Instructions) rancher		9 Employer (See Instructions) self
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Encinal, TX 78019	
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Victoria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muschalek, Robin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Sutherland Springs, TX 78161	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Rene	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Floresville, TX 78114	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 9/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal, Faye 6 Contributor address; City; State; Zip Code La Vernia, TX 78121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rentfro, Randall Contributor address; City; State; Zip Code Normal, IL 61761	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Bonnie Contributor address; City; State; Zip Code Floresville, TX 78114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural America Rising Contributor address; City; State; Zip Code Floyd, VA 24091	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 10/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC 6 Contributor address; City; State; Zip Code Houston, TX 77266	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Tesla
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Trent Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Tesla
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Trent Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Tesla
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Ann Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$9,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/01/2025	7 Name of lender Dominguez, Jennifer "JJ"	9 Loan Amount (\$) \$2,669.93
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Floresville, TX 78114	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Social Worker		13 Employer (See Instructions) GEO Group
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/16 Rpt: 12/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 08/08/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.75	7 Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 08/16/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.50	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 08/22/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.50	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/16 Rpt: 13/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 09/22/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$3.50	7 Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 09/30/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.75	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 10/22/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.50	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/16 Rpt: 14/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 11/01/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$7.88	7 Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/02/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.75	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 10/06/2025	Payee name ActBlue Technical Services	
Amount (\$) \$8.75	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/16 Rpt: 15/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 11/09/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$2.63	7 Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/22/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.50	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/28/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.35	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/16 Rpt: 16/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 12/07/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.76	7 Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/20/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.04	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/22/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.50	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/16 Rpt: 17/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 12/25/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$7.00	7 Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/28/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.71	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/30/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.75	Payee address; City; PO Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/16 Rpt: 18/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 08/16/2025	5 Payee name Beacon Lodge	
6 Amount (\$) \$36.05	7 Payee address; City; 313 Lakeshore St Zapata, TX 78076	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight lodging
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	Payee name Bobby Pulido Campaign	
Amount (\$) \$200.00	Payee address; City; PO Box 1604 Edinburg, TX 78540	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bobby Pulido Tea Social
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Denny's	
Amount (\$) \$41.24	Payee address; City; 4756 E US 83 Rio Grande City, TX 78582	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for meet & greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/16 Rpt: 19/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835	
4 Date 08/25/2025	5 Payee name El Patron Mexican Bar		
6 Amount (\$) \$66.06	7 Payee address; City; 474 Mars Dr Cotulla, TX 78014	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet & Greet	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/06/2025	Payee name Family Dollar		
Amount (\$) \$43.59	Payee address; City; 500 Nueces St George West, TX 78022	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense snacks for meet & greet	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/14/2025	Payee name Guadalupe County Democratic Club		
Amount (\$) \$31.50	Payee address; City; PO Box 2501 Seguin, TX 78156	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Democratic Round Up Banquet meal	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/16 Rpt: 20/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835	
4 Date 09/26/2025	5 Payee name Hissy Fit		
6 Amount (\$) \$21.00	7 Payee address; City; 9761 Great Hills Trail Austin, TX 78759		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense training lunch	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/19/2025	Payee name Holiday Inn Express		
Amount (\$) \$186.79	Payee address; City; 5274 E Hwy 83 Rio Grande City, TX 78582		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense overnight lodging	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/04/2025	Payee name Luchazie Restaurant		
Amount (\$) \$93.00	Payee address; City; 1023 E State Hwy 44 San Diego, TX 78384		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet & greet food	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/16 Rpt: 21/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 10/20/2025	5 Payee name McDonalds	
6 Amount (\$) \$13.06	7 Payee address; City; State; Zip Code 118 No Hwy 281 Falfurrias, TX 78355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food during travel to meet & greet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/02/2025	Payee name Neighborhood Creative LLC	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1913 Denmark Lane Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website design, headshots	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website design, headshots
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Office Depot	
Amount (\$) \$45.99	Payee address; City; State; Zip Code 2321 SW Military Dr San Antonio, TX 78224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing petitions and clipboards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/16 Rpt: 22/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 10/20/2025	5 Payee name State Tejano Democrats	
6 Amount (\$) \$50.00	7 Payee address; City; 909 Theresa Ave Austin, TX 78703	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banquet meal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/17/2025	Payee name Stripes	Office held
Amount (\$) \$50.00	Payee address; City; 611 N. Smith Hwy 359 Hebbronville, TX 78361	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/16/2025	Payee name The Steakhouse	Office held
Amount (\$) \$27.00	Payee address; City; 111 S US Highway 83 Zapata, TX 78076	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet & greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/16 Rpt: 23/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 08/04/2025	5 Payee name The UPS Store	
6 Amount (\$) \$6.89	7 Payee address; City; State; Zip Code 923 10th St. Ste 101 Floresville, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Presentation Information
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/10/2025	Payee name The UPS Store	
Amount (\$) \$2.28	Payee address; City; State; Zip Code 923 10th St. Ste 101 Floresville, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Handouts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name The UPS Store	
Amount (\$) \$3.79	Payee address; City; State; Zip Code 923 10th St. Ste 101 Floresville, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense laminating presentation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/16 Rpt: 24/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 08/20/2025	5 Payee name The UPS Store	
6 Amount (\$) \$10.53	7 Payee address; City; State; Zip Code 923 10th St. Ste 101 Floresville, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Presentation info
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name US Bank	
Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 1800 Saint Paul, MN 55101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire transfer fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name USPS	
Amount (\$) \$61.00	Payee address; City; State; Zip Code 404 E Wall St Karnes City, TX 78118	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage for meet & greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/16 Rpt: 25/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835
4 Date 08/18/2025	5 Payee name USPS	
6 Amount (\$) \$122.00	7 Payee address; City; 404 E Wall St Karnes City, TX 78118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for meet & greet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/18/2025	Payee name USPS	
Amount (\$) \$122.00	Payee address; City; 404 E Wall St Karnes City, TX 78118	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage for meet & greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/03/2025	Payee name USPS	
Amount (\$) \$198.60	Payee address; City; 404 E Wall St Karnes City, TX 78118	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage for meet & greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/16 Rpt: 26/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835	
4 Date 09/16/2025	5 Payee name Vistaprint		
6 Amount (\$) \$121.82	7 Payee address; City; 95 Hayden Ave Lexington, MA 02421	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards, shirt, banner	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/03/2025	Payee name Vistaprint		
Amount (\$) \$148.89	Payee address; City; 95 Hayden Ave Lexington, MA 02421	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postcards & business cards	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/01/2025	Payee name Wal-mart		
Amount (\$) \$750.68	Payee address; City; 305 10th St Floresville, TX 78114	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee & MO fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/16 Rpt: 27/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835	
4 Date 12/15/2025	5 Payee name Wal-mart		
6 Amount (\$) \$72.21	7 Payee address; City; 305 10th St Floresville, TX 78114		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade treats	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 28/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835	
4 Date 11/15/2025	5 Payee name Executive Inn		
6 Amount (\$) \$80.23	7 Payee address; City; 2006 S. Closner Blvd Edinburg, TX 78539		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight lodging meet & greet Sarita	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/17/2025	Payee name Junior's Drive In		
Amount (\$) \$100.02	Payee address; City; 102 US Hwy 16 Zapata, TX 78076		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas meet & greet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/17/2025	Payee name McDonalds		
Amount (\$) \$3.13	Payee address; City; 116 So US Hwy 83 Zapata, TX 78076		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense in-district travel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 29/30	2 FILER NAME Dominguez, Jennifer J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089835	
4 Date 07/30/2025	5 Payee name Vistaprint		
6 Amount (\$) \$403.13	7 Payee address; City; 95 Hayden Ave Lexington, MA 02421		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postcards & T-shirts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 30/30
2 FILER NAME Dominguez, Jennifer J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089835
4 Date 12/16/2025	5 Name of person from whom amount is received Walmart	8 Amount (\$) \$16.22
	6 Address of person from whom amount is received; City; State; Zip Code Floresville, TX 78114	
	7 Purpose for which amount is received returned parade decorations	<input type="checkbox"/> Check if political contribution returned to filer