CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

						
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fil	ed: /
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		МІ	/	USEONLY
NAME	NICKNAME Heaca	LAST		SUFFIX	Dave Gogglined	27
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	DOM 1 APT / SUITE #: Y /6/7	city: state: Potect	ZIP CODE TX 78065	ATA LEGAL	TIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTEN	SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Enrique LAST		MI SUFFIX	Date Processed	
	Henry	Doming	un	;	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N	NO PO BOX PLEASE); APT (S	SUITE #: CIT	v: T× フ	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTEN	SION		
9 REPORT TYPE	January 15	. 30th day before		lunoff	treasurer a	
	July 15	8th day before e	Jection 1	xceeded Modified eporting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month O/	Day Year 26/2020	THROUGH	02 /	Day Yes / 2 4 / 2	
11 ELECTION	ELECTION DAY Month Day 03/05/	Year Primary		Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	E SOUGHT (if know	m)	
14 NOTICE FROM POLITICAL	THE CAMBIDATE ! OFFICE	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQU	EC MAY HAVE REEN MAI	IE WITHOUT THE CAN	VDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OK
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIIII AIOI	TI MARKOLIKEI OIKI				
15 C/OH NAME			16 Filer ID	(Ethics Commis	sion Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL (PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	ı	\$	
	TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS,		i	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITE	JRES		\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	ST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		FTHE	\$ {)
18 SIGNATURE 1	swear, or affirm, under penalty of perjury, that	the accompanying report is tru	ie and corre	ect and includes	all information
	equired to be reported by me under Title 15, Elec			•	
		Signature of C	andidate or	Officeholder	
		Signature of Co	andidate of	Cincendide	
	D iamana ang manala	4!41 au4! au halar			
	Please comple	te either option below	N.		
(1) Affidavit					
(-)					
NOTARY STAMP/SEA	AL				
		ماملة مناملة		day of	
Sworn to and subscribed	d before me by	this the		day of	,
20, to certif	y which, witness my hand and seal of office.				
					<u> </u>
Signature of officer adminis	tering oath Printed name of office	r administering oath	•	Title of officer adn	ninistering oath
		OR .			
	<u> </u>	···			
(2) Unsworn Declarat	tion				
ـــر		and my data of hirth	in 10-	21-196	. د
My name is Con	GUE DOMINGUE	, and my date of birth		78116	·
My address is	O. Box 1612		12.1	OUCL .	······································
	(street)	(city)	(state) (zip code) (d	country)
Executed in A+ASC	5 SY County, State of Tryns	, on the <u>/2 **</u> day of <u>f</u>	(<u>5</u>	_, 20 <u>2 (/</u> .	
	·		itn)	10 /	
1.		Signature of Cano	didate/Office	holder (Declarar	nt)
l .		Organization of Outline			•

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 2 Total pages filed: 1 Filer 1D (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE/ **OFFICEHOLDER** Enrique NAME ADDRESS / PO BOX; 4 CANDIDATE / OFFICEHOLDER P.O. BOX 1612 MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE Date Hand-deliver 5 CANDIDATE/ OFFICEHOLDER PHONE Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged Henry Damingott STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: STATE: ZIP CODE 7 CAMPAIGN TREASURER 78065 TK Potect P.O. BOX 1612 **ADDRESS** (Residence or Business) PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit 10 PERIOD COVERED THROUGH 2029 FLECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Description Month Day Special General 13 OFFICE SOUGHT (If known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION DNLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMICAIGN	THANGE KET OK	
C/OH NAME	16	Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,804,67
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,804,67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OF REPORTING PERIOD	AY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I : re	swear, or affirm, under penalty of perjury, that the accompanying report is true ar quired to be reported by me under Title 15, Election Code.	nd correct and includes all information
	Signature of Candi	date or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SE	·(Δ)	
l .	ed before me by this the	day of,
	ify which, witness my hand and seal of office.	
Signature of officer admini-	stering oath Printed name of officer administering oath	Title of officer administering oath
	or	
(2) Unsworn Declara	ation	
My name is Fa	and my date of birth is	10-21-1962
My address is	rigge Doming U/2, and my date of birth is	ate) (zip code) (country)
Executed in Afasca	(street) (City)	ate) (Zip code) (searing)
	CE der	
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

SUBTOTAL AMOUNT
\$
NTRIBUTIONS \$
\$
\$
M POLITICAL CONTRIBUTIONS \$
\$
ROM POLITICAL CONTRIBUTIONS \$
\$ 1804.67
1 PERSONAL FUNDS \$
RIBUTIONS TO A BUSINESS OF C/OH \$
OM POLITICAL CONTRIBUTIONS \$
AND CONTRIBUTIONS RETURNED \$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATE	SORIES FOR BOX 10(a)	<u>, </u>	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
			3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F4:	Enrique (Henry)	ming ser	3 Filer ID (Ethics Commission (nots)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date	6 Payee name			
01/02/24	3d Signs		State: Zip Code	
7 Amount (\$)	8 Payee address;	City;		
1,504,67	7986 1st str	ed Some	set TX 78069	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description		
PURPOSE		51911.		
OF		5 <u> </u>		
EXPENDITURE	(c) Check if travel outside of Texas. Complete	te Schedule T. Check if A	ustin, TX, afficeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
0/104/24	Plasanton E	xpress		
Amount (\$)	Pavee address;	City;	State; Zip Code	
Amount (#)		. 01.00	Andor To 78664	
300.00	114 E Good	cuin 11245		
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of	this schedule) Description		
PURPOSE OF EXPENDITURE		News	spaper Ads	
	Check if travel outside of Texas. Comp	elete Schedule T. Check if	Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to	complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Enrique	M	"	OFFICE USE ONLY
NAME	NICKNAME Henry	Domine	s رو ع	UFFIX	Date Receiver COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Bo	APT / SUITE #; J	Pofeet Ty 7	706C	108
Change of Address			ENTENDION		FLEC
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered of Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MP	Encique		WI	Date Processed
NAME	NICKNAME	LASI	•	SUFFIX	Date Imaged
	Henry	Doming			0TATE: 710 0005
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	O PO BOX PLEASE); APT	I SUITE #: CITY:	7	STATE; ZIP CODE > 78065
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE](, '·			
9 REPORT TYPE	January 15	30th day befo		: ded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	July 15	8th day before	election i i	ing Limit	T Was response visiting and a second
10 PERIOD COVERED	Month July	Day Year / 202	3 THROUGH	/2 /	Day Year 2023
11 ELECTION	ELECTION DA	TE.	E	LECTION TYPE	
I ELLONON		yasa Prim	ary Runoff	Other	
	Month Day	tear		Description	
	03/05/	2024 Gen	erel Special		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SO	IUGHT (if known	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUT EHOLDER. THESE EXPENDI- AND OFFICEHOLDERS ARE R	IONS ACCEPTED OR POLITICAL E TURES MAY HAVE BEEN MADE WI EQUIRED TO REPORT THIS INFORI	XPENDITURES M THOUT THE CANE MATION ONLY IF T	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		<u></u>	
Additional Pages	GENERAL COMMITTEE ADDRESS				
, ladinosas i agad	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIG	N TREASURER ADDRESS		
		GO T	TO PAGE 2		
GO TO TAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		- (Table 0) into Ellera)
C/OH NAME	16 Filer	ID (Ethics Commission Filers)
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000 %
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true and cequired to be reported by me under Title 15, Election Code.	conect and mondes an mornate.
	. Signature of Candidat	e or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/S		
Sworn to and subscrib	ed before me by this the	day of
20, to cer	tify which, witness my hand and seal of office.	
Signature of officer admir	istering oath Printed name of officer administering oath	Title of officer administering oat
	OR	
(2) Unsworn Declar		. 212
My name is	nigce Domingum, and my date of birth is	10-21-176C
My address is	(street) (city) (state	e) (zip code) (country)
Executed in A 1A	(street) (city) (state of Scosa County, State of 1945, on the 16 day of 1946 (month)	
		/Officeholder (Declarant)
1		Bardand 11/15

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gifl/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	2 FILER NAME (Heri-1)		3 Filer ID (Ethics Commission Filers)
	Enrique Domingues 5 Payee name		
7/1-/ (\$)	Enrique Jonique	City;	State; Zip Code
1)-16-27 Amount (\$) Reimbursement from political contributions intended	P.O. BOX 1612	Potus	2 Ty 78065
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Commission Pet 3	open C.	Lecking Account
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C.	/UH		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	
<u> </u>		A	Revised 11/15/2