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(512) 463-5800

(TDD 1-800-735-2989)

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	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH Cover Sheet pg 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Dominic	M	OFFICE USE ONLY
	"Dom" Chavez	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS/POBOX: APT/SUITE#; CITY; P.O. Bax 15471 Avstm, Tx 78761	STATE: ZIP CODE	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 538	EXTENSION 5452	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Ed NICKNAME LAST Wendler	۲ م ب Sneex	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 4803 Balcones Dr Austin, TX 7873		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PRONE NUMBER (512) 925-9595	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Exceeded \$500	15th day after campaign troasurer appointment (officeholderoniy) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4/12/12 THROUGH	Month Day 5 / 2	Year / 12
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 05 12 12	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IFKNOWN ANSM CIH	Concil, Place 5
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS COVER SHEET PG 2				
14 С/ОН NAME Da	minic 11	Jom" Chavez 15	ACCOUNT # (Ethics Commission Filers)	
16 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OH CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE COMMITTEE NAME Dominic Charce for Austin City Council			
		P.O. Box 43, Austin, TX 787	167	
addilional pages		Mr. Michael R. Levy	\ \	
		515 Conquess Ave, Ste 2375 A	tsh, Tx 78701	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 205.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3150.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 41.63			
}	4. TOTAL POLITICAL EXPENDITURES \$ /0,0 88.85			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5894.12			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 105.00			
18 AFFIDAVIT ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said DOM(M)C Chavez, this the day of, 20 12, to certify which, witness my hand and seal of office.				
Um Marguett Hachlin Ann Magrett Franklin Notary Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

Revised 09/28/2011

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The Instruction Guide explains how to complete this	s form.	1 Total pages Sch	aedule A:
FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Dominic "Dom" (havez			
Date 5 Full name of contributor Dout-of-state PAC (10#) 5 erry Valdez)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicab)
5/25/12 6 Contributor address; City: State; Zip Code 816 Cangess Ave Aush, T	275701	25000	
· · · · · · · · · · · · · · · · · · ·		(If travel outside	i of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	10 Employer (See	Instructions) Let Affairs,	LLC
Date Full name of contributor out-of-stele PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
4/14/12 William Worsham Contributor address; City; State: Zip Code 1105 Norwelk Ln		10000	
Austn, TX 78703		(If travel outside (of Texas, complete Schedule T)
Principal occupation / Job litle (See Instructions)	Employer (See	Instructions)	<u>/ `_</u>
Date Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
4/16/12 Kichard Dennis. Contributor address; City: State: Zip Code 3005 Bryler Austn, TX 78703		10000	
Principal occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule ⊺)
Date Full name of contributorout-of-state PAC(ID#:)	Amount of contribution (\$)	In-kind contribution
4/23/12 Keith M. Donahae Contributor address: City: State: Zip Code 3702 Correct State: Dr.		10000	description (if applicable
125/12 3702 Greystone Dr. Austin, TX 78731		700**	
Principal occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·			
Date Full name of contributor [] out-of-state PAC (10#) Armando Delasdo)	Amount of contribution (\$)	In-kind contribution description (if applicable
4/28/12 Armando Delgado Contributor address; City; State; Zip Code 1801 Sand Creek Dr.	. ,	30000	
Ledar Park, Tx 78613		(If travel outside a	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See) State of Te	nstructions)	

(TDD 1-800-735-2989)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sct	agule A:
2 FILER NAME	nin:c " Dom" Chavez		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	 Full name of contributorout-of-state PAC(1D#: Brad. Wiewel 6 Contributor address; City: State: Zip Code 4001. Moon Shedow Land 		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/12	4001 Moon Shedow Lan Austin, TX 78735	R.	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Dout-of-state PAC (ID#_ Manul Zuniza Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/12	1762 Glencliff Dr. Austin, TX 78704		(If travel outside	of Texas, complete Schedule T)
Principal occup BVSMA	oation / Job title (See Instructions)	Employer (See I Selfemp	nstructions)	
Date 4/15/12	Full name of contributor out-of-state PAC(ID#) 	Amount of contribution (\$)	In-kind contribution description (if applicable)
	7312 Journeyville Dr. Avstin, TX 78735		(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/15/12	Full name of contributor Dout-of-state PAC(ID#: Marrien M. Franz Contributor address; City; State: Zip Code 7312 Tourne yuille Dr.) 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	7312 Journeyville Dr. Austin, Tx 78735 ation / Job tille (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor [] out-of-state PAC(ID#: Arthw " Jonny " Rhodes Contributor address: City; State; Zip Code	,Jr.	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/12	6506 Mesa Dr.	• • • • • • • • • • • • • • •	10000	
Principal occup	Avjtれ、TX 78731 ation / Job title (See Instructions)	Employer (See In	,	of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				
ww.ethics.state.tx	:			Revised 09/28/2011

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4/29/12 Brian: Rudgers contribution contribution (\$) description 9 6 Contributor address; City: State; Zip Code 250°° (If travel outside of Texas, completed of Texas, comp	EDULE A
Dominic Dom." (havez Date 5 Full name of contributor out-of-state PAC(ID#) 7 Amount of contribution (\$) 8 In-kind description 4/29/12 6 Contributor address; City: State; Zip Code 250°0 1112 W.9 th sheet Avyth, 7x 78703 (If travel outside of Texas, complexity) 10 Employer (See Instructions) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind description Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind description 5/11/12 Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind description 5/11/12 Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind description 5/11/12 Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind description 7 Avst.m., 7x 78759 Employer (See Instructions) In-kind description 0ate Full name of contributor out-of-state PAC(ID#	
4/29/12 Brian' Rudgers contribution (\$) description 6 Contributor address; City; State; Zip Code 250 °U (If travel outside of Texas, completed of Texas, com	on Filers)
4/29/12 6 Contributor address: City: State; Zip Code 25000 1112 W.94h Sheet Avstn; 7x 78703 (if travel outside of Texas, completed	contribution (if applicab
Avstn:/Tx 78°103 (If travel outside of Texas, completed of Texas,	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind description 5/1/12 Sames Douglas Phelan Contributor address; City; State; Zip Code 10000 10000 8409 Silv(r Ridge 10000 10000 10000 10000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind description Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind description Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind description Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) In-kind description	ete Schedule T
5/1/12 Sames Douglas Phelan Contributor address: City: State: Zip Code 8409 Silw(r Ridge Avstin, Tx 78759 10000 Principal occupation / Job title (See Instructions) (If travel outside of Texas, comple (If trav	
Avstin, Tx 78759 (If travel outside of Texas, completing out-of-state PAC (ID#:) Principal occupation / Job tille (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Avstn Police Association Avstn Police Association Contributor address; City; State;	contribution (if applicab
Avstin, Tx 78759 (If travel outside of Texas, completing occupation / Job tille (See Instructions) Principal occupation / Job tille (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Avstn Police Association PAC Amount of contribution (\$) In-kind of contribution (\$) Contributor address; City; State; Zip Code 2 - 0.00	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Amount of description (\$) description	te Schedule T
Austin Police Association PAC Contribution (\$) description	
5/1/12 Contributor address; City: State; Zip Code 35000	contribution (if applicabl
of the sources brive	
5/1/12 5817 Wilcab Drive Avstin, TX 78721 (If travel outside of Texas, comple	ete Schedule T
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Ari Duoirin and Libby (moshern contribution (\$) description	contribution (if applicable)
5/1/12. Contributor address; City; State; Zip Code 2000 Event 3414 Dalton Street Austr, Tx 78745	tood
Principal occupation / Job title (See Instructions) Employer (See Instructions)	te Schedule T
Chef Chef	
	contribution (if applicabl
Contributor address; City; State; Zip Code	
	ta Schodula T
Principal occupation / Job title (See Instructions) Employer (See Instructions)	te schedule 1)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements	s.
ethics.slate.lx.us	

Texas Ethics Commission

LOANS

P.O. Box 12070

Austin, Texas 78711-2070

(TDD 1-800-735-2989)

SCHEDULE E

(512) 463-5800

Tho	ges Schedule E:			
2 FILER NAME	NT # (Ethics Commission Filers)			
4 TOTA	L OF UNITEMIZED LOANS:		Ŷ	\$
5 Date of loan	Dominic Chavez] out-of-state PAC (ID#	,	9 Loan Amount (\$) 25°
6 Islender a financial Institution? Y N	8 Lender address: City; State; P.O.Box §73 Manc	zip Code haca, TX 78652	-	10 Interest rate
	ion / Job title (See Instructions)	13 Employer (See Instructions)	``````````````````````````````````````	
Seniar 1		THECB (staked		
14 Description of Col	lateral	15 Check if personal funds wer	e deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan 2/15/12	Name of lender [Dominic Chavez] out-of-state PAC (ID#		LOBIN AMOUNT (\$) $\mathcal{SU} \stackrel{\mathcal{UU}}{\longrightarrow}$
Is lender a financial Institution? Y (N)	Lender address; City; State; P.O. BCX 873 Manc	zip Code Laca , TX 78652 ·		Interest rate) <i>プッ</i> Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)		
Seniar Di		THECB (skhof		
Description of Colla	atera)	Check if personal funds were	deposited in	nto politicel account
GUARANTOR	Neme of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	· · · · ·	
Principal Occupat	ол (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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Austin, Texas 78711-2070

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	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulling Expense Event Expense Fees	Gilt/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense O	ATEGORIES FOR BOX 8(alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel In District rave! Out Of District Iffice Overhead/Rental Expense cplains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Doning " Don" Ch	avez	3 ACCOUNT # (Ethics Commission Filers
Date 4/24/12 Amount (\$)	5 Payee name lecple (ling Peop 7 Payee address; City; State;		
/000000	3948 Legacy Dr. 5 Plano, TX 75023 (a) Category (See categories listed at the lop of l		
			n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Conjuling Expense	data	tees
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ght Office held
4/30/12	Payee name Sir Speedy Payee address; City; State;		
Amount (\$) 268183	Payee address; City: State; 3818 Far West Blv Avstn, Tx 78731	: Zip Code Vd · # 105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of I Adverting Expense		n (If travel outside of Texas, complete Schedule T) - PCStage
	Candidate / Officeholder name	Office sou	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C			
	Payee name LULAL, DijF12		
expenditure to benefit C/C	Payee name LULAL, DijF12 Payee address; City: State; 2121 E. GM Sfeef #	-	
Expenditure to benefit C/C Date ////2 Amount (\$)	Payee name LULAL, Dijr 12 Payee address; City; State;	1104	n (If iravel outside of Texas, comptete Schedule T)
expenditure to benefit C/C Date ////2 Amount (\$) 50°° PURPOSE OF	Payee name LULAL, Dijf 12 Payee address: City: State; 2121 E. 6th Sfeet # Austin, TX 78702 Category (See categories listed at the lop of th Event Expense Candidate / Officeholder name	his schedule) Descriptio	
expenditure to benefit C/C Date 5 / 1 / 12 Amount (\$) 50 ° ° PURPOSE OF EXPENDITURE Complete <u>ONY</u> if direct	Payee name LULAL, Dijf12 Payee address: City: State: 2121E. 6th Sfeet # Avitin, TX 78702 Category (See categories listed at the top of th Event Expense Candidate / Officeholder name H Payee name	1 ICLI his schedule) Descriptio Fee Office sous	· · · ·
expenditure to benefit C/C Date 5 / 1 / 12 Amount (\$) 50 ° ° PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee name LULAL, Dijf 12 Payee address: City: State; 2121 E. 6th Sfeet # Avstin, TX 78702 Category (See categories listed at the top of th Event Expense Candidate / Officeholder name H	l ICLI his schedule) Descriptio Fee Office sour	ght Office held
expenditure to benefit C/C Date 5 / 1 / 12 Amount (\$) 50°° PURPOSE OF EXPENDITURE Complete ONY if direct expenditure to benefit C/C Date 4 / 27 / 12 Amount (\$)	Payee name LULAL, Dijf 12 Payee address: City: State; 2121 E. 6th Sfeet # Avstnn, TX 78702 Category (See categories listed at the top of th Event Expense Candidate / Officeholder name H Payee name La Voz Newspaper Payee address: City: State:	Zip Code vy h, T K 78760	2 n (If travel outside of Texas, complete Schedule T)

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Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	eontract Labor Loan Repayment/R aising Expense Transportation Equ Contributions/Dona Strict Candidate/Office Rental Expense OTHER (enter a ce	ipment & Related Expense
1 Total pages Schedule F: 2	2 FILER NAME Dominic "Dom "Charez	3 ACCOUNT	# (Ethics Commission Filers)
4 Date 4/27/12	5 Payee name Avriba Newspaper 7 Payee address: City; State; Zip Code		
6 Amount (\$) 350°°	7 Payee address: City; State; Zip Code 1009 E. Cesar Chare Ast	n,TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the lop of this schedule) Adurtory Expense	(b) Description (If travel outside of Texa Ad fee	s, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/28/12	Payee name Ampro		
Amount (\$) 50012	Payee address; City; State; Zip Code 7202 Smokey Hill Rd. A	stm, TX 78736	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Prin by Expense	Description (Il travel outside of Texa Yard Signs	s, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
^{Date} / / 2	Fiesta Patrias of Avstu		
Amount (\$) 250°	Payee address; City; State; Zip Code 1908 Holly Sheet Asm,	בסרער אד	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II travel outside of Taxas	s, complate Schadule T)
EXPENDITURE Complete ONLY if direct	Event Expense Candidate / Officeholder name	Fee 5 Office sought	Office held
expenditure to benefit C/O			
Date 4/26/12	Payee name People Calling People LL Payee address; City; State; Zip Code	C	
Amount (\$) 2989° <u></u>	Payee address; City; State; Zip Code 3948 Legacy Dr. JTE 106		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) $OH(ev$	Description (If travel outside of Taxes Phone banks	s, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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(512) 463-5800 (TDD 1-

POLITICAL EXPENDITURES SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	Ising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Contributions/Donations Made Expense Condidate/Officeholder/Political Committee trict OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Dominic' Don" Chavez	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/23/12	5 Payee name Facebook		
6 Amount (\$) 6 S 36 Pelinbursement from political contributions intended	7 Payee address; City; State; Zip Code 16015. (alifernic Ave, Inlo	Alto, CA 94304	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Adventising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Ad fee	
Date / 24/12	Payee name Facebock		
Amount (\$) 2 6 39 Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1601 S. California Ave, Pal	. Alto, CA 94304	
	Category (See categories listed at the lop of this schedule) A duerhing Expense	Description (If travel outside of Texes, complete Schedule T) Ad fee	
Date 4/27/12	Payee name Facebook		
Amount (\$) 3557 Reimbursement from political contributions	Payee address; City; State; Zip Code 1601 5- California Ave, Palo	Alto, CA 94304	
PURPOSE OF EXPENDITURE	Category (See categories listed et the top of this schedule) Adurhing Expense	Description (If travel outside of Texes, complete Schedule T) Adfice	
Date 4/30/12	Payee name Face back		
Amount (\$) 3 { 0 5 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1(001 S. California Ave, Palo	Alto, CA 94304	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adurhan, Expense	Description (If travel outside of Texas, complete Schedule T) Ad fee	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	. EXPENDITURES OM PERSONAL FUNDS	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Mamorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overheed/f The Instruction Guide explains how to	ontract Labor Loan Repayment/Reimbursement aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Dominic 1. Dom " Chance	3 ACCOUNT # (Ethics Commission Filers
4 Date 5/2/12	5 Payee name Facebook	
6 Amount (\$) 2539 Reinbursement from political contributions intended	7 Payee address: City; State: Zip Code / (CC) 5. (alifornia Ave, Palc	Alto, CA 94304
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Adurting Expense	Ad fee
Date	Payee name	
4/23/12	Community Impact News	AP1/
Amount (\$) (\$2000 Reimbursement from political contributions intended	Payee address; City: State; Zip Code P.O. Box 2895 Pfluserulle, TX 78691	
PURPOSE	Category (See categories listed at the top of (his schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Adurtson, Expense	Ad fee
^{Date} 4/30/12	Payee name Sir Speedy	
Amount (\$) /05234 Reimbursement from political contributions intonded	Payee address: City: State: Zip Code 3818 Far West Blvd Avstin, TX 78731	
PURPOSE OF EXPENDITURE	Category (Soe categories listed at the top of this schedule) Pr. why Expense	Description (If travel outside of Texas, complete Schedule T) Pcstcard
^{Dale} 4/27/12	Payee name Roaring Fork	
Amount (\$) C O O C Perimbursement from politicel contributions intended	Payee address; City; State; Zip Code 10850 Stonelake Blud. Aust	in, Tx 78759
PURPOSE	Category (See categories listed at the top of this schedulo)	Description (If travel outside of Texas, complete Schedule T)
OF	Food/Benerage Expense	

EXEMPTION STATEMENT PER 2-2-26

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CA <u>Chaver</u> (Last)	ANDIDATE OR COMMI Dominie	Michael
(Last)	(First)	(Middle)
ADDRESS: _	P.O. Box 15471	Austr, TX 78761
DATE OF FII	LING: 5/4/12	2

STATEMENT

I/we, <u>Dominic</u> "Dom" (hover (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of <u>4/12</u>, 2012 through <u>5/2</u>, 2012. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Signed by Candidate or Campaign Complittee

5/4/12

Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.