

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9575

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <b>Dominic</b> MI: <b>D</b> NICKNAME: _____ LAST: <b>Selvera</b> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <p style="text-align: center;"><b>PO BOX 2864 Pflugerville TX 78660</b></p>	Date Received <b>FILED FOR RECORD</b> <b>2020 FEB -3 PM 4:01</b> DANA DEBEAUVON COUNTY CLERK TRAVIS COUNTY TEXAS	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>( 512 )</b> PHONE NUMBER: <b>751-1302</b> EXTENSION: _____	Date Hand-delivered or Date Postmarked: _____	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <b>Catina</b> MI: _____ NICKNAME: _____ LAST: <b>Voellinger</b> SUFFIX: _____	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: <b>Austin</b> STATE: <b>TX</b> ZIP CODE: <b>78748</b> <p style="text-align: center;"><b>11124 Desert Willow Loop</b></p>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>( 512 )</b> PHONE NUMBER: <b>567 8377</b> EXTENSION: _____		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year <b>01 / 01 / 2020</b> <b>01 / 23 / 2020</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>03 / 03 / 2020</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  <b>N/A</b>	<b>13 OFFICE SOUGHT (if known)</b>  <b>Travis County Attorney</b>	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME** Dominic D Selvera **15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

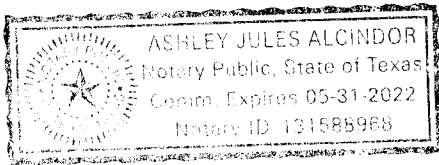
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____
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Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. 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)	\$ 6,828.20
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,093.55
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 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.

*Dominic Selvera*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dominic Selvera, this the 3<sup>rd</sup> day of February, 2020, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
 Ashley Jules Alcindor Printed name of officer administering oath  
 Public Notary Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b>  Dominic D Selvera		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>\$978.20</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>\$5,850.00</b>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>\$1,093.55</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/5

2 FILER NAME

Dominic D Selvera

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/2020

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Boardman-Larson, Emma

6 Contributor address;

City;

State;

Zip Code

5500 Claymoor Dr Austin TX 78723

7 Amount of contribution (\$)

\$15.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/12/2020

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Corum, Claudia

Contributor address;

City;

State;

Zip Code

9101 Heiden Lane Austin TX 78749

Amount of contribution (\$)

\$15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/01/2020

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dominguez, Lucy

Contributor address;

City;

State;

Zip Code

17232 Bridgefarmer Blvd Pflugerville, TX 78660

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/2020

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gray, Colin

Contributor address;

City;

State;

Zip Code

1708 Harvey St #A Austin, TX 78702

Amount of contribution (\$)

\$20.20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2/5</b>
2 FILER NAME <b>Dominic D Selvera</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/15/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jorgenson, Daniel</b> 6 Contributor address; City; State; Zip Code <b>281 N Madison Ave Pasadena CA 91101</b>	7 Amount of contribution (\$) <b>\$5.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/11/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keovongphet, Khamsay</b> Contributor address; City; State; Zip Code <b>2713 Bluelake Ct Irving TX 75060</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/22/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kralj, Elliot</b> Contributor address; City; State; Zip Code <b>1306 West Ave Unit 201 Austin TX 78701</b>	Amount of contribution (\$) <b>\$27.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/23/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kutalik Cauthern, Chris</b> Contributor address; City; State; Zip Code <b>4701 Staggerbrush Rd #1912 Austin TX 78749</b>	Amount of contribution (\$) <b>\$5.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3/5</b>
2 FILER NAME <b>Dominic Selvera</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/7/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le Parmentier, Rhiannon</b>	7 Amount of contribution (\$) <b>\$10.00</b>
6 Contributor address; City; State; Zip Code <b>1205 Deloney St #1 Austin TX 78702</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/23/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lundy, Victor</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>3909 Danli Lane Austin TX 78749</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maddox, Cory</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>10909 Wynnewood St Austin TX 78717</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/22/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Murray, Ceci</b>	Amount of contribution (\$) <b>\$33.00</b>
Contributor address; City; State; Zip Code <b>707 B E 46th Austin TX 78751</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4/5</b>
2 FILER NAME <b>Dominic Selvera</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pollock, Ryan</b> 6 Contributor address; City; State; Zip Code <b>831 Sussex Dr Austin TX 78745</b>	7 Amount of contribution (\$) <b>\$10.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/1/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Selvera, Alfred</b> Contributor address; City; State; Zip Code <b>3010 Taku Road Cedar Park TX 78613</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/13/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Selvera, Alfred</b> Contributor address; City; State; Zip Code <b>3010 Taku Road Cedar Park TX 78613</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/23/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Seubert, Alex</b> Contributor address; City; State; Zip Code <b>5309 Link Ave Austin TX 78751</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5/5</b>
2 FILER NAME <b>Dominic Selvera</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/19/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vanstaen, Katrien</b>	7 Amount of contribution (\$) <b>\$10.00</b>
6 Contributor address; City; State; Zip Code <b>38-85 Washington Apt 2L Norwalk CT CT 6854</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Varela, Kim</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>11608 Big Trail Austin, TX 78759</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Varela, Kim</b>	Amount of contribution (\$) <b>\$33.00</b>
Contributor address; City; State; Zip Code <b>11608 Big Trail Austin, TX 78759</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wolff, Benjamin</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>4917 Strass Dr Austin, TX 78731</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Dominic Selvera</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/13/2020</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nisa Selvera</b>	8 Amount of Contribution \$ <b>\$4,075.00</b>	9 In-kind contribution description <b>Communications/ Consulting</b>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Marketing</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Dell</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>1/13/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catina Voellinger</b>	Amount of Contribution \$ <b>\$1,775.00</b>	In-kind contribution description <b>Graphic Design\ Digital</b>
Contributor address; City; State; Zip Code <b>11124 Desert Willow Loop Austin TX 78748</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Finance Director</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Collective Campaigns</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1/3	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/21/2020	<b>5</b> Payee name Worley Printing	
<b>6</b> Amount (\$) \$320.42	<b>7</b> Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd, Austin, TX 78722	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Literature
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/02/2020	Payee name NGP Van	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1445 New York Ave. NW, Suite 200 Washington, DC 20005	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description Database
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/06/2020	Payee name Google Domain	
Amount (\$) \$6.30	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>2/3</b>	<b>2</b> FILER NAME <b>Dominic Selvera</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/06/2020</b>	<b>5</b> Payee name <b>Collective Campaigns</b>	
<b>6</b> Amount (\$) <b>\$250.00</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description <b>Consulting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>1/06/2020</b>	Payee name <b>Worley Printing</b>	
Amount (\$) <b>\$320.42</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Literature</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>1/13/2020</b>	Payee name <b>HEB</b>	
Amount (\$) <b>\$40.41</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	Description <b>Snacks for Volunteers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>3/3</b>	<b>2</b> FILER NAME <b>Dominic Selvera</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/06/2020</b>	<b>5</b> Payee name <b>UPS Store</b>	
<b>6</b> Amount (\$) <b>\$6.00</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Other</b>	<b>(b) Description</b> <b>Postage</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**