

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

9614

**FORM C/OH  
SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX	APT / SUITE #
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)		CITY
	STATE		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	9 REPORT TYPE		
10 PERIOD COVERED		Month	Day
11 ELECTION		ELECTION DATE	ELECTION TYPE
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

2020 FEB 24 PM 2:22  
 DANA BERENSON  
 COUNTY CLERK  
 TRAVIS COUNTY  
 TEXAS

OFFICE USE ONLY  
 Date Received  
 Date Hand Delivered or Date Postmarked  
 Receipt Amount \$  
 Date Processed  
 Date Imaged

PO BOX 2864  
 Austin, TX 78791  
 DS

AREA CODE ( )  
 PHONE NUMBER

MS / MRS / MR  
 FIRST Catina  
 LAST Voellinger  
 SUFFIX

STREET ADDRESS (NO PO BOX PLEASE): 11124 Desert Willow Loop  
 CITY: Austin  
 STATE: TX  
 ZIP CODE: 78748

AREA CODE: ( 512 )  
 PHONE NUMBER: 567 - 8377  
 EXTENSION

January 15  
 30th day before election  
 Runoff  
 15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  
 8th day before election  
 Exceeded Modified Reporting Limit  
 Final Report (Attach C/OH - FR)

Month / Day / Year  
 01 / 24 / 2020 THROUGH 02 / 22 / 2020

ELECTION DATE: 03 / 03 / 2020  
 ELECTION TYPE:  
 Primary  
 Runoff  
 Other Description  
 General  
 Special

OFFICE HELD (if any):  
 OFFICE SOUGHT (if known): County Attorney

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME **Selvera, Dominic** 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.

COMMITTEE TYPE:  GENERAL  SPECIFIC

COMMITTEE NAME: **Real Justice PAC**

COMMITTEE ADDRESS: **3041 Mission St 327  
San Francisco, CA 94110**

COMMITTEE CAMPAIGN TREASURER NAME: **Ding, Jin**

COMMITTEE CAMPAIGN TREASURER ADDRESS: **3041 Mission St 327  
San Francisco, CA 94110**

Additional Pages

17 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)	\$ 11,969.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,848.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,593.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

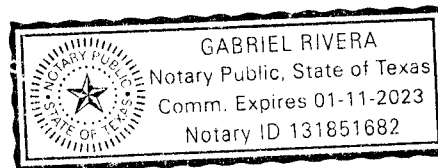
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 **24th** day of **Feb**, 20**20**, to certify which, witness my hand and seal of office.

*[Signature]* **Gabriel Rivera**  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> Selvera, Dominic		<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	\$ 9,126.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,843.34
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	\$ 6,593.92
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: <b>4/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/28/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Acevedo, Fidel</b> 6 Contributor address: City: State: Zip Code <b>3807 Prairie Lane Austin, TX 78728</b>	7 Amount of contribution (\$) <b>\$15.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/18/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Acevedo, Fidel</b> Contributor address: City: State: Zip Code <b>3807 Prairie Lane Austin, TX 78728</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/04/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amado, Al</b> Contributor address: City: State: Zip Code <b>PO Box 218 Austin, TX 78767</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Areche, Malenie</b> Contributor address: City: State: Zip Code <b>3001 Del Curto Rd Unit 24 Austin, TX 78704</b>	Amount of contribution (\$) <b>\$33.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/29
2 FILER NAME Selvera, Dominic		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bannon, Leah 6 Contributor address: City: State: Zip Code 2112 Willow St. Austin, TX 78702	7 Amount of contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barger, Jonathan Contributor address: City: State: Zip Code 9009 Great Hills Trail Apt 812 Austin, TX 78759	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boardman-Larson, Emma Contributor address: City: State: Zip Code 5500 Claymoor Dr Austin, TX 78723	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bui, Maria Contributor address: City: State: Zip Code 1723 Pebble Beach Lane Cedar Hill, TX 75104	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6/29</b>	
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/8/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Castillo, Alycia</b>	7 Amount of contribution (\$) <b>\$25.00</b>	
6 Contributor address; City: State: Zip Code <b>3204 Kay St Austin, TX 78702</b>			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chambiss, Sarah</b>	Amount of contribution (\$) <b>\$15.00</b>	
Contributor address; City: State: Zip Code <b>8001 Ceberry Dr Austin, TX 78759</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/04/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cohen, Jessica</b>	Amount of contribution (\$) <b>\$10.00</b>	
Contributor address; City: State: Zip Code <b>1907A Townesouth Cir Austin, TX 78741</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/12/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Corum, Claudia</b>	Amount of contribution (\$) <b>\$15.00</b>	
Contributor address; City: State: Zip Code <b>9101 Heiden Lane Austin, TX 78749</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Costigan, Andrew</b>	7 Amount of contribution (\$) <b>\$25.00</b>
6 Contributor address: City: State: Zip Code <b>3205 River Road Cedar Creek, TX 78612</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/1/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dominguez, Lucy</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address: City: State: Zip Code <b>17232 Bridgefamer Blvd Pflugerville, TX 78660</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/17/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ellis Gaut, Alice</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address: City: State: Zip Code <b>10947 SW Chateau Ln Tiger OR 97224</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/31/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Flores, Clind</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address: City: State: Zip Code <b>202 E 8th St Elgin, TX 78621</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8/29
2 FILER NAME Selvera, Dominic		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Freeman, Aaron 6 Contributor address: City: State: Zip Code 9101 Heiden Lane Austin, TX 78749	7 Amount of contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/8/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerrick, Emily Contributor address: City: State: Zip Code 10901 Sherry Lee Cv Austin, TX 78753	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graziani, Cate Contributor address: City: State: Zip Code 1113 Arthur Stiles Rd Austin, TX 78721	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guzman, Danielle Contributor address: City: State: Zip Code 14503 Almodine Rd Manor, TX 78763	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hammick, Adam</b>	7 Amount of contribution (\$) <b>\$1.00</b>
6 Contributor address; City; State; Zip Code <b>2526 Durwood St #215 Austin, TX 78704</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/8/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jannene, Garrick</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>4415 Avenue A Austin, TX 78751</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/11/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Keovongphet, Khamsay</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>2713 bluelake ct Irving, TX 75060</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kraj, Elliot</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3809 Gaines Ct Austin, TX 78735-6489</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/29
2 FILER NAME Selvera, Dominic		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Le Parmentier, Rhannon 6 Contributor address: City: State: Zip Code 1205 Deloney St #1 Austin, TX 78702	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lemmerman, Emily Contributor address: City: State: Zip Code Central Park South apt 4DE New York, NY 10019	Amount of contribution (\$) \$33.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Michael Contributor address: City: State: Zip Code 2450 Wickersham Ln Apt 1201 Austin, TX 78741	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipchak, Oscar Contributor address: City: State: Zip Code 2511 del Curto Road Austin, TX 78704	Amount of contribution (\$) \$33.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>11/29</b>	
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/31/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lundy, Victor</b>	7 Amount of contribution (\$) <b>\$100.00</b>	
6 Contributor address: City: State: Zip Code <b>3909 Danli Lane Austin, TX 78749</b>			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>2/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Maksoud, Rylan</b>	Amount of contribution (\$) <b>\$25.00</b>	
Contributor address: City: State: Zip Code <b>PO BOX 8225 Austin, TX 78713</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lipchak, Oscar</b>	Amount of contribution (\$) <b>\$10.00</b>	
Contributor address: City: State: Zip Code <b>PO BOX 8225 Austin, TX 78713</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Malitz, Zachary</b>	Amount of contribution (\$) <b>\$250.00</b>	
Contributor address: City: State: Zip Code <b>2903 13th St. NW Washington, DC 20009</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/31/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mazoch, Ellen</b> 6 Contributor address: City: State: Zip Code <b>5907 Willow Wood Ln Dallas, TX 75252</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/13/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>McAlmon, Robert</b> Contributor address: City: State: Zip Code <b>411 1/2 E 30th St Unit C Austin, TX 78705</b>	Amount of contribution (\$) <b>\$10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/25/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>McKim, Mark</b> Contributor address: City: State: Zip Code <b>2906 E Martin Luther King Jr Blvd Apt 2405 Austin, TX 78702</b>	Amount of contribution (\$) <b>\$10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/8/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>McMahon, Sukyi</b> Contributor address: City: State: Zip Code <b>4718 Depew Ave. Austin, TX 78751</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/14/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mitchell, Kathleen</b> 6 Contributor address; City; State; Zip Code <b>1403 Ulit Ave Austin, TX 78702</b>	7 Amount of contribution (\$) <b>\$150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/31/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>NETSCHER, FRANCIS</b> Contributor address; City; State; Zip Code <b>7635 GUADALUPE ST APT 701 Austin, TX 78702</b>	Amount of contribution (\$) <b>\$5.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/18/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Peticolas, Anne</b> Contributor address; City; State; Zip Code <b>5730 Abilene Trail Austin, TX 78749</b>	Amount of contribution (\$) <b>\$10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/25/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Phillips, Lindsey</b> Contributor address; City; State; Zip Code <b>9307 Georgian dr. Austin, TX 78753</b>	Amount of contribution (\$) <b>\$5.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>14/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/31/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ramirez, Elizabeth</b> 6 Contributor address: City: State: Zip Code <b>1108 Robin Rd Elgin, TX 78621</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/30/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ramirez, Erica</b> Contributor address: City: State: Zip Code <b>17205 Brittle Ln Pflugerville, TX 78660</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/31/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ramirez Erica</b> Contributor address: City: State: Zip Code <b>17205 Brittle Ln. Pflugerville, TX 78660</b>	Amount of contribution (\$) <b>\$300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rau, Aviv</b> Contributor address: City: State: Zip Code <b>1601 Kinney Ave 4 Austin, TX 78704</b>	Amount of contribution (\$) <b>\$18.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Real Justice PAC</b>	7 Amount of contribution (\$) <b>\$5,000.00</b>
6 Contributor address; City; State; Zip Code <b>3041 Mission St 327 San Francisco, CA 94110</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Reyna, Roy</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>1301 Oak Shadows Cir Austin, TX 78758</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Schutz, Nicholas</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code <b>11271 Otsego St. #203 Los Angeles, CA 91601</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/29/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Schutz, Nicholas</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code <b>11271 Otsego St. #203 Los Angeles, CA 91601</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/31/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Selvera, Reynaldo</b> 6 Contributor address: City: State: Zip Code <b>12919 Staton Dr Austin, TX 78727</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Selvera, Reynaldo</b> Contributor address: City: State: Zip Code <b>12919 Staton Dr Austin, TX 78727</b>	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/1/2020</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 Cedar Park, TX 78613</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/31/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Selvera, Lisa</b> Contributor address: City: State: Zip Code <b>1012 Travis Street Lockhart, TX 78644</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>17/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/31/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Selvera, Maria</b> 6 Contributor address; City: State: Zip Code <b>108 Allison Cv Elgin, TX 78621</b>	7 Amount of contribution (\$) <b>\$27.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/13/2020</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 Rd Cedar Park, TX 78613</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/8/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Smith, Douglas</b> Contributor address; City: State: Zip Code <b>751 Middle Creek Dr. Buda, TX 78610</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Smullen, AJ</b> Contributor address; City: State: Zip Code <b>7209 Mesa Dr. Austin, TX 78731</b>	Amount of contribution (\$) <b>\$10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sokolsky, Samuel</b> 6 Contributor address: City: State: Zip Code <b>3012 Bryant Ave S apt 2 Minneapolis, MN 55408</b>	7 Amount of contribution (\$) <b>\$10.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/9/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sarah, Swallow</b> Contributor address: City: State: Zip Code <b>1501 North Loop Blvd Apt 110 Austin, TX 78756</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Varela-Broxson, Kim</b> Contributor address: City: State: Zip Code <b>11608 Big Trail Austin, TX 78759</b>	Amount of contribution (\$) <b>\$33.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Wagner, Haleigh</b> Contributor address: City: State: Zip Code <b>9101 Wagtail Dr. Austin, TX 78748</b>	Amount of contribution (\$) <b>\$5.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <b>19/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/19/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>wallis, joshua</b> 6 Contributor address: City: State: Zip Code <b>813 Emerald Wood 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>2/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>west, grant</b> Contributor address: City: State: Zip Code <b>531 Beardsley Ln Austin, TX 78746</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/25/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Williams, Josh</b> Contributor address: City: State: Zip Code <b>7307 Geneva Dr Austin, TX 78723</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/31/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Williams, Josh</b> Contributor address: City: State: Zip Code <b>7307 Geneva Dr Austin, TX 78723</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
20/29

2 FILER NAME **Selvera, Dominic** 3 Filer ID (Ethics Commission Filers)

4 Date 1/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Williams, Josh</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address: City: State: Zip Code <b>7307 Geneva Dr Austin, TX 78723</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 2/7/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Williams, Josh</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address: City: State: Zip Code <b>7307 Geneva Dr Austin, TX 78723</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 2/1/2020	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)

Date 1/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Woody, Roy</b>	Amount of contribution (\$) <b>\$27.00</b>
Contributor address: City: State: Zip Code <b>7433 Montezuma st Austin, TX 78744</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**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>21/29</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yu, Tony</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>9404 Meadow Vale Austin, TX 78758</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1/2</b>
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		
5 Date <b>2/10/2020</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Keovongphet, Khamsay</b> 7 Contributor address: City: State: Zip Code <b>2713 bluelake ct Irving tx 75060-5060</b>	8 Amount of Contribution \$ <b>\$1,618.34</b> 9 In-kind contribution description <b>Door Hangers</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
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>2/05/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Voellinger, Catina</b> Contributor address: City: State: Zip Code <b>11124 Desert Willow Loop Ausitn TX 78748</b>	Amount of Contribution \$ <b>\$500.00</b> In-kind contribution description <b>Design</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
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)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2/2</b>	
2 FILER NAME <b>Selvera, Dominic</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/11/2020</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Voellinger, Catina</b> 7 Contributor address; City: State: Zip Code <b>11124 Desert Willow Loop Ausitn TX 78748</b>	8 Amount of Contribution \$ <b>\$250.00</b>	9 In-kind contribution description <b>Design</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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>2/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Voellinger, Catina</b> Contributor address; City: State: Zip Code <b>11124 Desert Willow Loop Ausitn TX 78748</b>	Amount of Contribution \$ <b>\$475.00</b>	In-kind contribution description <b>Consulting</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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	Printing 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.

1 Total pages Schedule F1: 1/5		2 FILER NAME Selvera, Dominic		3 Filer ID (Ethics Commission Filers)	
4 Date 2/19/20		5 Payee name Worley			
6 Amount (\$) \$1,334.50		7 Payee address: City: State: Zip Code 3217 N Interstate 35 Austin TX 78722			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description Yard Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 2/10/20		Payee name Collective Campaigns			
Amount (\$) \$1,830.00		Payee address: City: State: Zip Code 3607 Greystone Dr #2024 Austin, TX 78731			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Exp		Description Digital		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 2/03/20		Payee name UPS			
Amount (\$) \$6.00		Payee address: City: State: Zip Code 3310 W Braker Ln #300 Austin, TX 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Postage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



**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: 2/5	<b>2</b> FILER NAME Selvera, Dominic	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/12/20	<b>5</b> Payee name UPS	
<b>6</b> Amount (\$) \$6.00	<b>7</b> Payee address; City; State; Zip Code 3310 W Braker Ln #300 Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Postage
	<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
<b>Date</b> 2/05/20	<b>Payee name</b> Google	
<b>Amount (\$)</b> \$6.30	<b>Payee address;</b> 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) Adv Exp	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
<b>Date</b> 2/05/20	<b>Payee name</b> Frost	
<b>Amount (\$)</b> \$9.00	<b>Payee address;</b> City; State; Zip Code PO BOX 1600 San Antonio TX 78296	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description Fees
	<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.

1 Total pages Schedule F1 3/5		2 FILER NAME Selvera, Dominic		3 Filer ID (Ethics Commission Filers)	
4 Date 2/05/20		5 Payee name Frost			
6 Amount (\$) \$12.00		7 Payee address; City: State: Zip Code PO BOX 1600 San Antonio TX 78296			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description Fees		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 2/07/20		Payee name Facebook			
Amount (\$) \$35.00		Payee address; City: State: Zip Code 1601 Willow Rd Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Exp		Description FB Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 2/03/20		Payee name Facebook			
Amount (\$) \$35.00		Payee address; City: State: Zip Code 1601 Willow Rd Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Exp		Description FB Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete ONLY 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: 4/5		<b>2</b> FILER NAME Selvera, Dominic		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/10/20		<b>5</b> Payee name Facebook			
<b>6</b> Amount (\$) \$50.00		<b>7</b> Payee address, City, State, Zip Code 1601 Willow Rd Menlo Park, CA 94025			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Ad Exp		<b>(b)</b> Description FB Ads		
	<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 ONLY if direct expenditure to benefit C/OH					
Date 2/14/20		Payee name Facebook			
Amount (\$) \$75.00		Payee address, City, State, Zip Code 1601 Willow Rd Menlo Park, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad Exp		Description FB Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 2/18/20		Payee name Facebook			
Amount (\$) \$125.00		Payee address, City, State, Zip Code 1601 Willow Rd Menlo Park, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad Exp		Description FB Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

**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	Printing 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: 5/5		<b>2</b> FILER NAME Selvera, Dominic		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/12/20		<b>5</b> Payee name Facebook			
<b>6</b> Amount (\$) \$175.00		<b>7</b> Payee address: City, State, Zip Code 1601 Willow Rd Menlo Park, CA 94025			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Ad Exp		<b>(b)</b> Description FB Ads		
	<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					
Date 2/03/20		Candidate / Officeholder name NGP			
Amount (\$) \$150.00		Payee address: City, State, Zip Code 1445 New York NW #200 Washington, DC 20005			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Sol		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					
Date 2/05/20		Candidate / Officeholder name Worley			
Amount (\$) \$381.04		Payee address: City, State, Zip Code 3217 N IH 35 Austin TX 78722			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing		Description Push cards		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A & B below only if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

\*\* Complete this section only if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder