Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 512-463-5800 1-800-325-8506

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2005 JAN 18 PM 2:23

CANDIDATE / OFFICEHOLDER CAMPAIGN 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: 12

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR (circled MR) FIRST DOMINICK MI A
NICKNAME LAST DINA SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
9050 Ryelle San Antonio, TX 78250

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(210) 273-9082

6 CAMPAIGN TREASURER NAME
MS / MRS / MR (circled MR) FIRST JOHNNY MI E.
NICKNAME LAST Lovejoy SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9566 Vallecito Pass San Antonio, TX 78250

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(210) 680-4610

9 REPORT TYPE
☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year 7 / 01 / 04 THROUGH Month Day Year 12 / 31 / 04

11 ELECTION
ELECTION DATE Month Day Year 05 / 07 / 05
ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any)
13 OFFICE SOUGHT (if known) District 6 City Council

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name N/A
Address / PO Box; Apt. / Suite #; City; State; Zip Code
☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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15 C/OH NAME: DOMINICK A. DINA

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 55.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2361.84
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 919.11
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1442.01
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

19 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.

Dominick A. Dina
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

MELINDA S. LOPEZ
NOTARY PUBLIC
STATE OF TEXAS
EXPIRES
04-26-2005

Sworn to and subscribed before me, by the said Dominick A. Dina, this the 18th day of January, 20 05, to certify which, witness my hand and seal of office.

Melinda S. Lopez	Melinda S. Lopez	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: DOMINICK A. DINA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/01/04	EVANIS E. DINA 9050 Ryelle S.A. Tx 78250	$75.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/08/04	Johnny E. Lovejoy 9566 Vallecito Pass S.A. Tx 78250	$100.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/20/04	Michael T. Anderson 2911 Hedgewyck St. S.A. Tx 78217	$250.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/22/04	George R. Brad 7811 Valley Trail S.A. Tx 78250	$150.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/25/04	Gregory M. Shean 9554 Stilltonest S.A. Tx 78250	$500.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 4

2 FILER NAME: DOMINICK A. DINA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/6/04	Kenneth C. Maynard 8522 MODRED S.A. Tx 78250	$100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/13/04	Robert P. Eggers 2011 Feldtmann Trail S.A. Tx 7825,	$150.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/04	Johnny E. Lovejoy 9566 Vallecito Pass S.A. Tx 78250	$136.84	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/04	George R. Bird 7811 Valley Trail S.A. Tx 78250	$50.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/04	Daniel B. Markson 317 Lexington #352 S.A. Tx 78215	100.00	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 4

2 FILER NAME: Dominick A. Dina

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/05/04	Greg T. Murray 400 Oak Square S.A. Tx 78216	$100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/04	Wilma La Croix 9083 Ryelle S.A. Tx 78250	$300.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/29/04	Billy R. Arnette 13019 Rambling Oak S.A. Tx 78232	$75.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/11/04	George R. Bird 7811 Valley Trail S.A. Tx 78250	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/04	Eugene Marck 5018 Kenton View S.A. Tx 78240	20.00	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 4

2 FILER NAME: DOMINICK A. DINA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/05/04	GEORGE R. BIRD 7811 Valley Trail S.A. Tx 78250	100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: DOMINICK A. DINA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/02/04	Postal Express 8181 Tezel Road S.A. TX 78250	50.00

8 Purpose of payment (See instructions regarding type of information required.): MAILBOX RENTAL

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/19/04	OFFICE Depot 5601 Bandera Rd S.A. TX 78238	28.32

Purpose of payment (See instructions regarding type of information required.): NAME Badges

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/27/04	HEB #25 7951 Guilbeau Rd S.A. TX 78250	3.20

Purpose of payment (See instructions regarding type of information required.): Folders

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/01/04	FedEx KinKo's 5755 NW Lp 410 S.A. TX 78238	42.07

Purpose of payment (See instructions regarding type of information required.): Poster

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Dominick A. Dina

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/10/04	Jefferson State Bank 9005 Grissom Road S.A. Tx 78250	9.00

8 Purpose of payment (See instructions regarding type of information required.): Service charge

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/23/04	Fed Ex Kinko's 5755 NW Lp 410 S.A. Tx 78238	75.51

Purpose of payment (See instructions regarding type of information required.): Banner

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/24/04	Office Depot 5601 Bandera Rd S.A. Tx 78238	12.91

Purpose of payment (See instructions regarding type of information required.): Name tag

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/04	Fed Ex Kinko's 5755 NW Lp 410 S.A. Tx 78238	110.04

Purpose of payment (See instructions regarding type of information required.): Pamphlets

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Dominick A. Dina

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/03/04	SSA Graphics 1145 Guadalupe Dr. Cibolo, Tx 78108	269.38

8 Purpose of payment (See instructions regarding type of information required.): bumper stickers

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/04/04	Acadiana Cafe 1289 SW LP 410 S.A. Tx 78227	30.99

Purpose of payment (See instructions regarding type of information required.): Refreshments

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State, Zip Code	Amount ($)
09/10/04	Jefferson State Bank 9005 Grissom Road S.A. Tx 78250	9.00

Purpose of payment (See instructions regarding type of information required.): Service charge

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/11/04	PayPal P.O. Box 7022 Mountain View, CA 94039	3.20

Purpose of payment (See instructions regarding type of information required.): Service fee

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 P 1:24

Total pages Schedule F: 5

2 FILER NAME: DOMINICK A. DINA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/24/04	Gonzalez Graphix 2603 W. Summit / SA Tx 78228	136.51

8 Purpose of payment (See instructions regarding type of information required.): business cards

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/24/04	PayPal P.O. Box 7022 Mountain View, CA 94039	$0.88

Purpose of payment (See instructions regarding type of information required.): Service fee

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/05/04	Jefferson STATE Bank 9005 Grissom Road S.A. Tx 78250	2.00

Purpose of payment (See instructions regarding type of information required.): Service charge

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/10/04	Bexar County Clerk 203 W. Nueva S.A. Tx 78207	26.00

Purpose of payment (See instructions regarding type of information required.): Voter list

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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SCHEDULE F

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1 Total pages Schedule F: 5

2 FILER NAME: Dominick A. Dina

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/05/04	PayPal P.O. Box 7022 Mountain View, CA 94039	3.20

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Service fee	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/22/04	City of San Antonio P.O. Box 839975 S.A. Tx 78283	76.50

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
District 6 MAP	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Dominick A. Dina

3 ACCOUNT ID (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
08/02/04	SATEXAS Communications 8200 Pat Booker Rd PMB 1193 S.A. Tx 78233 Web site hosting	$15.00 ☒
10/25/04	SATEXAS Communications 8200 Pat Booker Rd PMB 1193 S.A. Tx 78233 Web site hosting	$15.00 ☒
		☐
		☐
		☐
		☐

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