

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Maximino</u> FIRST MI <u>D</u>	OFFICE USE ONLY Date Received CITY CLERK DEPT 2020 DEC 7 PM 2:25 Date Hand-delivered or Date Postmarked	
	NICKNAME <u>Max</u> LAST <u>MUNIZ</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address	[REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Daniel</u> FIRST MI	Receipt #	Amount \$
	NICKNAME <u>Danny</u> LAST <u>MENA</u> SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked	
	<u>3233 N. Piedras St.</u> <u>EL PASO, TX. 79930</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION:		
	<u>(915) 564-1336</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>10 / 1 / 2020</u> THROUGH <u>10 / 26 / 2020</u>		
11 ELECTION	ELECTION DATE: Month Day Year	ELECTION TYPE	
	<u>11 / 03 / 2020</u>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<u>Municipal Court Judge</u> <u>Court No. Two</u>	<u>Municipal Court Judge</u> <u>Court Number Two</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 500.⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 12,589.45

4. TOTAL POLITICAL EXPENDITURES

\$ 12,589.45

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

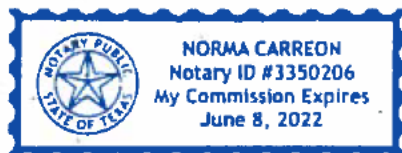
\$ 544.48

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 775.⁰⁰

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.

Max

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Max Daniel Munoz, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Norma Carreon
Signature of officer administering oath

Norma Carreon
Printed name of officer administering oath

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Max Daniel Muñoz

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$) **500.00**

Moises Flores Jr.

6 Contributor address:

City:

State: Zip Code

P.O. Box 6012

EL PASO

Tx. 79906

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1-9-20

Contributor address:

City:

State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City:

State: Zip Code

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:
2 FILER NAME <i>Max Daniel Monro</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>N/A</i>	8 Amount of Pledge \$
7 Pledgor address; City; State; Zip Code <i>N/A</i>		9 In-kind contribution description <i>CP</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code			
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code			
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code			
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code			
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

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

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 500.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 12,510
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 12,589
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 775.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 4,615.45
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ unknown
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 4,615.45
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Max Davie (Mowor)</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>N/A</i>	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address: _____ City: _____ State: _____ Zip Code _____		<i>0</i>	<i>0</i>
<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of Contribution \$	In-kind contribution description
		.	.
		.	.
<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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Max Daniel Muñoz

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 12,895.⁰⁰

5 Date of loan

9/15/20

7 Name of lender

Max Muñoz

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$350.⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

1413 Wyoming EL PASO TX 79902

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

atty

13 Employer (See Instructions)

self-employed

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

Max Daniel Muñoz

19 Amount Guaranteed (\$)

\$350.⁰⁰

18 Guarantor address; City; State; Zip Code

1413 Wyoming EL PASO TX 79902

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

9/11/20

Name of lender

Max Daniel Muñoz

out-of-state PAC (ID#: _____)

Loan Amount (\$)

225.⁰⁰

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

1413 Wyoming EL PASO TX 79902

Interest rate

0

Maturity date

0

Principal occupation / Job title (See Instructions)

atty

Employer (See Instructions)

Self-Employed

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Max Daniel Muñoz

Amount Guaranteed (\$)

\$225.⁰⁰

Guarantor address; City; State; Zip Code

1413 Wyoming TX. 79902

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Max Daniel Munoz

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

9-18-20

7 Name of lender

Max Daniel Munoz

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$ 385.00

6 Is lender a financial institution?

8 Lender address:

1413 Wyoming EL PASO TX. 79902

City:

State:

Zip Code

10 Interest rate

0

11 Maturity date

4

12 Principal occu; title (See instructions)

13 Employer (See instructions)

attly.

14 Description of Collateral:

none

15

Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

Max Daniel Munoz

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address:

1413 Wyoming EL PASO TX 79902

City:

State:

Zip Code

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan

10-19-20

Name of lender

Max Daniel Munoz

out-of-state PAC (ID# _____)

Loan Amount (\$)

200.00

Is lender a financial institution?

Lender address:

1413 Wyoming EL PASO TX. 79902

City:

State:

Zip Code

Interest rate

0

Maturity date

4

Principal occupation / Job title (See instructions)

Employer (See instructions)

attly.

Description of Collateral:

none

Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION

Name of guarantor

Max Daniel Munoz

Amount Guaranteed (\$)

\$ 200.00

not applicable

Guarantor address:

1413 Wyoming EL PASO TX. 79902

City:

State:

Zip Code

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Max Daniel Munoz

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

10-9-2020

7 Name of lender

Max Daniel Munoz

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$825.00

6 Is lender a financial institution?

Y N

8 Lender address:

Max Daniel Munoz

City:

State:

Zip Code

Tx. 79902

10 Interest rate

0

11 Maturity date

0

12 Principal occupation /

Job title (See instructions)

13 Employer (See instructions)

atty

14 Description of Collateral:

none

15

Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor:

Max Daniel Munoz

18 Amount Guaranteed (\$)

\$825.00

not applicable

18 Guarantor address:

1413 Wyoming El Paso

City:

State:

Zip Code

Tx. 79902

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan

8-31-20

Name of lender

Max Daniel Munoz

out-of-state PAC (ID# _____)

Loan Amount (\$)

\$4,850.00

Is lender a financial institution?

Y N

Lender address:

1413 Wyoming El Paso Tx. 79902

City:

State:

Zip Code

Interest rate

0

Maturity date

0

Principal occupation / Job title (See instructions)

atty

Employer (See instructions)

atty.

Description of Collateral:

none

Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION

Name of guarantor

Max Daniel Munoz

Amount Guaranteed (\$)

\$4,850.00

not applicable

Guarantor address:

1413 Wyoming

City:

State:

Zip Code

El Paso, TX 79902

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Max Daniel Moore

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

11/12/2020

7 Name of lender

Max Daniel Moore

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

4,615.46

6 Is lender a financial institution?

Y N

8 Lender address:

1413 Wyoming EL PASO TX. 79902

City:

State:

Zip Code

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

attly

14 Description of Collateral:

none

15

Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

Max Daniel Moore

19 Amount Guaranteed (\$)

4,615.46

18 Guarantor address:

1413 Wyoming EL PASO TX. 79902

City:

State:

Zip Code

not applicable

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address:

City:

State:

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral:

none

Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address:

City:

State:

Zip Code

not applicable

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:	2 FILER NAME <i>Max Daniel Munoz</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/2</i>	5 Payee name
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6 Amount (\$)	7 Payee address: <i>EL PASO</i>	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>...</i>	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$) <i>9</i>	Payee address: <i>EL PASO</i>	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>...</i>	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address:	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address:	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Max Daniel Munoz</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-18-20</i>	5 Payee name <i>Max Daniel Munoz</i>	
6 Amount (\$) <i>\$385.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>Max Daniel Munoz</i>	City: <i>EL PASO</i> State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Door Hangers</i>	(b) Description <input checked="" type="checkbox"/> <i>Door Hanger</i>
	(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 <i>Max Daniel Munoz</i>	Office sought <i>Municipal Counties Missouri</i> Office held
Date <i>9-18-20</i>	Payee name <i>Max Daniel Munoz</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>1413 Wyoming</i>	City: <i>EL PASO</i> State: <i>Tx.</i> Zip Code: <i>79902</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign</i>	Description <i>Campaign</i>
	<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 <i>8-31-20</i>	Payee name <i>Max Daniel Munoz</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>1413 Wyoming</i>	City: <i>EL PASO</i> State: <i>Tx.</i> Zip Code: <i>79902</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs (Campaign)</i>	Description <i>Sign - yard</i>
	<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
---------------	------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Max Daniel Muñoz</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	<i>0</i>	<i>0</i>
<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidates/Officeholders/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Max Daniel Munoz	3 Filer ID (Ethics Commission Filers)
4 Date 12-1-20	5 Payee name Max Daniel Munoz	
6 Amount (\$) 6,060.00	7 Payee address: 1413 Wyoming	City: EL PASO State: TX Zip Code: 79902
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payment of loans to Campaign	(b) Description loan payments
	<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 Municipal Council #2	Office sought: JUDGE Office held: sumy
Date 12-01-2020	Payee name Carmen Chapman	
Amount (\$) \$250.00	Payee address:	City: EL PASO State: TX Zip Code: 79902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched.) poll worker	Description
	<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 11-17-20	Payee name Carmen Chapman	
Amount (\$) \$250.00	Payee address:	City: EL PASO State: TX Zip Code: 79902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) poll worker	Description
	<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

Revised 1/13/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE FC

EXPENDITURE CATEGORIES FOR BOX 8(s)

Advertising Expense
Accounting/Billing
Consulting Expense
Contributions/Donations Made by
Candidate/Officer/holder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (unless already noted above)

The Instruction Guide explains how to complete this form.

3 Filer ID: (Ethics Commission Filer)

1 Total pages Schedule FC: 2 FILER NAME

4 Date: 11-17-20
5 Payee name: Max Daniel M...
City: State: Zip Code:

6 Amount (\$): \$4,615.46
7 Payee address: 1413 Wyoming
City: State: Zip Code: El Paso Tx. 79902

8 PURPOSE OF EXPENDITURE: Political Mail
(a) Category (See Categories listed at the top of this schedule):
(b) Description: Mailouts
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, offsholder living expense
 Office held:

9 Complete ONLY if direct expenditure to benefit D/OH
Candidate / Officer/holder name: Max Daniel M...
Office sought: Municipal C. 2
Office held: Sheriff

Date: 11-12-20
Payee name: Mauricio Carrillo
City: State: Zip Code:

Amount (\$): \$120.00
Payee address: El Paso Tx - 79906

PURPOSE OF EXPENDITURE: Poll worker
(a) Category (See Categories listed at the top of this schedule):
(b) Description: Poll worker
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, offsholder living expense
 Office held:

Complete ONLY if direct expenditure to benefit D/OH
Candidate / Officer/holder name:

Date: 11-09-20
Payee name: Alfredo Montiel
City: State: Zip Code:

Amount (\$): 120.00
Payee address: El Paso Tx. 79902

PURPOSE OF EXPENDITURE: Poll worker
(a) Category (See Categories listed at the top of this schedule):
(b) Description: Poll worker
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, offsholder living expense
 Office held:

Complete ONLY if direct expenditure to benefit D/OH
Candidate / Officer/holder name:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS REQUIRED

Revised 01/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE FC

EXPENDITURE CATEGORIES FOR BOX 6(e)

Advertising Expense
Accounting/Bookkeeping
Consulting Expense
Contributions/Donations Made by Candidate/Officer/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Salvation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule FC: 2 FILER NAME: Max Daniel Munoz 3 FILER ID (Ethics Commission File#):

4 Date: 11-6-20 5 Payee name: Max Daniel Munoz City: State: Zip Code:

6 Amount (\$): 450.00 7 Payee address: Max Daniel Munoz EL Paso Tx. 79902

8 PURPOSE OF EXPENDITURE: lower political expenses
(a) Category (See Categories listed at the top of this schedule):
(b) Description:
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

Date: 11/6/20 Payee name: Berntha Perez City: EL Paso State: Tx. Zip Code: 79902

Amount (\$): 144.00 Payee address: Poll worker Description: Poll worker

PURPOSE OF EXPENDITURE: Poll worker
(a) Category (See Categories listed at the top of this schedule):
(b) Description:
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense.

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

Date: 11/27/20 Payee name: Carmen Chapman City: EL Paso State: Tx. Zip Code: 79906

Amount (\$): 4300.00 Payee address: Description: Food

PURPOSE OF EXPENDITURE: Campaign Poll worker
(a) Category (See Categories listed at the top of this schedule):
(b) Description:
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense.

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 6/1/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE FC

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salary/Wages/Contract Labor

Scholarship/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule FC: 2 FILER NAME: Max Daniel Munoz

4 Date: 10-27-20 6 Payee name: Carner Chapman City: EL Paso State: Tx. Zip Code:

6 Amount (\$): \$280.00 7 Payee address: EL Paso Tx.

8 (a) Category: Poll worker (b) Description: PURPOSE OF EXPENDITURE: (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Office sought: Office held:

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name:

Date: 10-21-20 Payee name: Carner Chapman City: EL Paso State: Zip Code:

Amount (\$): \$250.00 Payee address: Poll worker

PURPOSE OF EXPENDITURE: Category: (See Categories listed at the top of this schedule.) Description: (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Office sought: Office held:

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name:

Date: 10-14-20 Payee name: Max Daniel Munoz City: State: Zip Code:

Amount (\$): \$825.00 Payee address: 1413 Wyoming Description: ~~Apprentice~~ Advertisement

PURPOSE OF EXPENDITURE: Flyers, signs Category: (See Categories listed at the top of this schedule.) Description: Advertisement (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Office sought: Office held:

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 03/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FORM 700-1 (12)

EXPENDITURE CATEGORIES FOR BOX 5(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations/Volunteer
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fuel
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Expense/Rental Expense
Printing Expense
Salaries/Wages/Contract Labor

Scholarship/Funding Expense
Transportation/Equipment & Related Expense
Travel Expense
Travel Out of District
Other (insert category not listed above)

This instruction guide explains how to complete this form.

1 Total pages Schedule 700-1

2 PAYER NAME

Max David Mwor

3 Payer ID (Election Commission File #)

4 Date

10-18-20

5 PAYEE NAME

Hulk Quiroz

City:

State:

Zip Code

6 Amount (\$)

\$ 473.84

7 Payee address:

8 (a) Category (See Categories listed at the top of this schedule)

(b) Description

PURPOSE OF EXPENDITURE

lowballer signs

lowballer signs

Check if candidate or Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to candidate or COX

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

City:

State:

Zip Code

Amount (\$)

Payee address:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Check if candidate or Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to candidate or COX

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

City:

State:

Zip Code

Amount (\$)

Payee address:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Check if candidate or Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to candidate or COX

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE IF NECESSARY

Revised 01/2021

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Max Daniel Munoz</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>4,615.46</i>
5 Date <i>11/17/20</i>	6 Payee name <i>Max Daniel Munoz</i>	
7 Amount (\$) <i>4,615.46</i>	8 Payee address: <i>1413 Wyoming EL Paso TX. 79402</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>mail outs</i>	(b) Description <i>Political Advertisement</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Max Daniel Monol	3 Filer ID (Ethics Commission Filers)
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4 Date 10-19-20	5 Payee name Max Daniel Monol
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 200.00	7 Payee address, City, State, Zip Code 1413 Wyoming EL PASO TX. 79902

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) payment to poll worker	(b) Description personal check to poll worker
	(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
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Date 8/31/20	Payee name Max Daniel Monol	City, State, Zip Code EL PASO TX. 79902
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address 1413 Wyoming	City, State, Zip Code EL PASO TX. 79902

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) yard sign	Description yard sign
	<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
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Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 5 Business name

6 Amount (\$) 7 Business address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) (b) Description
(c) Check if travel outside of Texas. Complete Schedule T. 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 Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T. 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address:	City State Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City: State: Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**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

Max Daniel Monroy

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

Max

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.

Max

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.

Max

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.

Max

Signature of Officeholder

