

# 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 FIRST MI  
Mr Aaron J  
NICKNAME LAST SUFFIX  
Montes

**OFFICE USE ONLY**

Date Received

10/5/2020 2:16:46 AM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
11607 Pellicano Dr. Apt. 1912,  
El Paso, TX, 79936

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 915 ) 777-4154

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. Russell A  
NICKNAME LAST SUFFIX  
Lara

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
6328 Cougar Ridge,  
El Paso, TX, 79912

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915 ) 626-8457

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 Modified  
Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
06/26/2020 THROUGH 09/24/2020

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other  
Description  
11/03/2020  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Representative District 7

**GO TO PAGE 2**

City Clerk Dept.  
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
Mr Aaron J Montes

**15 Filer ID** (Ethics Commission Filers)

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

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

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,173
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 57.35
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 5,397
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,182.47
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

Aaron J Montes  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Aaron J Montes, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

Adriana Rosas  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

City Clerk Dept.  
10/5/2020 12:12:32 PM

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Mr Aaron J Montes

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,173
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,397
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	\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

06/26/2020

**5** Full name of contributor

Alex Aboytes

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

**6** Contributor address; City; State; Zip Code

12612 Sun Haven, El Paso, TX, 79938

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

25

**8** Principal occupation / Job title (See Instructions)

Manager

**9** Employer (See Instructions)

Date

06/26/2020

Full name of contributor

Brittany Montano

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

Contributor address; City; State; Zip Code

2544 Hawick, El Paso, TX, 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

06/27/2020

Full name of contributor

Juana E. Teixeira

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

Contributor address; City; State; Zip Code

711 Tepic, El Paso, TX, 79912

Amount of contribution (\$)

259.92

Principal occupation / Job title (See Instructions)

Banking

Employer (See Instructions)

Date

06/27/2020

Full name of contributor

Perla Tovar

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

Contributor address; City; State; Zip Code

4140 Altura Ave, El Paso, TX, 79903

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retail

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.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

06/27/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Merlyn Heyman

**6** Contributor address; City; State; Zip Code

1200 Galloway Dr., El Paso, TX, 79902

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

200

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

06/27/2020

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

Michael Bray

Contributor address; City; State; Zip Code

425 Mesita, El Paso, TX, 79902

Amount of contribution (\$)

26.27

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

06/27/2020

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

Hal Marcus

Contributor address; City; State; Zip Code

1319 N. Oregon, El Paso, TX, 79902

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Artist

Employer (See Instructions)

Date

06/28/2020

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

Marisol Serna

Contributor address; City; State; Zip Code

1108 E. 12th Ave, Anchorage, AK, 99501

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Medical Receptionist

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20**

2 FILER NAME

Mr Aaron J Montes

3 Filer ID (Ethics Commission Filers)

4 Date

06/30/2020

5 Full name of contributor

Julia Novoa

6 Contributor address;

3150 N. Yarbrough, El Paso, TX, 79925

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

City;

State;

Zip Code

7 Amount of contribution (\$)

26.27

8 Principal occupation / Job title (See Instructions)

Teaching

9 Employer (See Instructions)

Date

06/30/2020

Full name of contributor

Lana Haynes

Contributor address;

11840 David Forti, El Paso, TX, 79936

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

City;

State;

Zip Code

Amount of contribution (\$)

26.27

Principal occupation / Job title (See Instructions)

Coordinating

Employer (See Instructions)

Date

06/30/2020

Full name of contributor

Richard Foster

Contributor address;

5508 Timberwolf, El Paso, TX, 79903

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

City;

State;

Zip Code

Amount of contribution (\$)

10.7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/30/2020

Full name of contributor

Daniel White

Contributor address;

11607 Pellicano Dr., El Paso, TX, 79936

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

City;

State;

Zip Code

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
07/01/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Montes  
.....  
**6** Contributor address; City; State; Zip Code  
11848 David Forti, El Paso, TX, 79936

**7** Amount of contribution (\$)  
  
104.15

**8** Principal occupation / Job title (See Instructions)  
Teaching

**9** Employer (See Instructions)

Date  
  
07/02/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Aurora Rivera  
.....  
Contributor address; City; State; Zip Code  
2815 Aurora, El Paso, TX, 79930

Amount of contribution (\$)  
  
52.23

Principal occupation / Job title (See Instructions)  
Counseling

Employer (See Instructions)

Date  
  
07/07/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Portia Baudisch  
.....  
Contributor address; City; State; Zip Code  
8 Lone Oak Meadows, Newtown, CT, 06482

Amount of contribution (\$)  
  
26.27

Principal occupation / Job title (See Instructions)  
Omitting

Employer (See Instructions)

Date  
  
07/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cynthia Renteria  
.....  
Contributor address; City; State; Zip Code  
139 Tobin Pl., El Paso, TX, 79905

Amount of contribution (\$)  
  
52.23

Principal occupation / Job title (See Instructions)  
Instructing

Employer (See Instructions)

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

# SCHEDULE A1

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**1** Total pages Schedule A1:  
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**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
07/20/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Luis 'Sito' Negrón

**6** Contributor address; City; State; Zip Code

501 Randolph, El Paso, TX, 79902

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

26.27

**8** Principal occupation / Job title (See Instructions)

State Government

**9** Employer (See Instructions)

Date  
  
07/25/2020

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

Marilyn Guida

Contributor address; City; State; Zip Code

7465 Stoney Hill Dr., El Paso, TX, 79904

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
07/27/2020

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

Evangelina Balderrama

Contributor address; City; State; Zip Code

725 Hempstead Dr., El Paso, TX, 79912

Amount of contribution (\$)

26.27

Principal occupation / Job title (See Instructions)

Adjuster

Employer (See Instructions)

Date  
  
07/30/2020

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

Angela Lucero

Contributor address; City; State; Zip Code

10100 Sumatra St., El Paso, TX, 79925

Amount of contribution (\$)

10.7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
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**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
08/02/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Vona Van Cleef

**6** Contributor address; City; State; Zip Code

4800 N. Stanton St., El Paso, TX, 79902

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

10.7

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/03/2020

Emanuel Anthony Martinez

Contributor address; City; State; Zip Code

506 1/2 Prospect St., El Paso, TX, 79902

52.23

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/09/2020

Beatriz Vera

Contributor address; City; State; Zip Code

1605 George Dieter, El Paso, TX, 79936

10.7

Principal occupation / Job title (See Instructions)

Advisor

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/09/2020

Norma Alvarado-Chavez

Contributor address; City; State; Zip Code

8212 Turk Ct., El Paso, TX, 79907

30

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
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**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/12/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Arturo Dominguez

**6** Contributor address; City; State; Zip Code

6239 Victor St. Dallas, TX, 75214

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

104.15

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

08/12/2020

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

Octavio Dominguez

Contributor address; City; State; Zip Code

3948 Las Vegas, El Paso, TX, 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

08/15/2020

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

Javier Paz

Contributor address; City; State; Zip Code

5905 Westside Dr., El Paso, TX, 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Teaching

Employer (See Instructions)

Date

08/15/2020

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

Sergio Gonzalez

Contributor address; City; State; Zip Code

10819 Donna Marie, Socorro, TX, 79927

Amount of contribution (\$)

26.27

Principal occupation / Job title (See Instructions)

Commercial Accounting Consulting

Employer (See Instructions)

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

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City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/18/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Valeria Contreras

**6** Contributor address; City; State; Zip Code

6537 Contessa Ridge, El Paso, TX, 79912

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

50

**8** Principal occupation / Job title (See Instructions)

Executive Coordinator

**9** Employer (See Instructions)

Date

08/19/2020

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

Jose Quintero

Contributor address; City; State; Zip Code

9513 Falkirk, El Paso, TX, 79925

Amount of contribution (\$)

30

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2020

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

Richard Genera

Contributor address; City; State; Zip Code

11021 Aqua Ct., El Paso, TX, 79936

Amount of contribution (\$)

7.58

Principal occupation / Job title (See Instructions)

Operation Clerk

Employer (See Instructions)

Date

08/20/2020

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

Martin Mendivil

Contributor address; City; State; Zip Code

6124 Vintage St., El Paso, TX, 79932

Amount of contribution (\$)

26.27

Principal occupation / Job title (See Instructions)

Operations

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/20/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Winston O'Neal

**6** Contributor address; City; State; Zip Code

2408 Trailside Dr., Austin, TX, 78704

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

259.92

**8** Principal occupation / Job title (See Instructions)

Videography

**9** Employer (See Instructions)

Date

08/20/2020

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

David Saucedo

Contributor address; City; State; Zip Code

6750 Westwind Dr. El Paso, TX, 79912

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Date

08/20/2020

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

Hilda Finn

Contributor address; City; State; Zip Code

6560 Grand Ridge Dr., El Paso, TX, 79912

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2020

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

Clay Baron

Contributor address; City; State; Zip Code

5708 Mira Grande Dr., El Paso, TX, 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
08/21/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Cassandra Alicia

**6** Contributor address; City; State; Zip Code

5805 Pickerel Dr., El Paso, TX, 79924

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

10.7

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/21/2020

Diana Duron

Contributor address; City; State; Zip Code

2304 Cumbre Negra St., El Paso, TX, 79935

20

Principal occupation / Job title (See Instructions)

Clinical Social Work

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/21/2020

Lily Limon

Contributor address; City; State; Zip Code

1301 Lonewood Dr., El Paso, TX, 79925

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/21/2020

Jose Limon

Contributor address; City; State; Zip Code

1301 Lonewood Dr., El Paso, TX, 79925

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
08/21/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Marshall Carter

**6** Contributor address; City; State; Zip Code

79 Kingery Dr., El Paso, TX, 79902

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

100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/22/2020

Eileen Lozano

Contributor address; City; State; Zip Code

240 Desert Pass St., El Paso, TX, 79912

10.7

Principal occupation / Job title (See Instructions)

Project Management

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/22/2020

Zach Gonzalez

Contributor address; City; State; Zip Code

435 Townsend Terrace, Las Cruces, NM, 88006

7.58

Principal occupation / Job title (See Instructions)

Owner of Bluebird Running Company

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/24/2020

Samantha Romero

Contributor address; City; State; Zip Code

Hixson Street, El Paso, TX, 79902

50

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.

City Clerk Dept.  
10/5/2020 12:12:32 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/25/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Evangelina Balderrama

**6** Contributor address; City; State; Zip Code

725 Hempstead Dr., El Paso, TX, 79912

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

26.27

**8** Principal occupation / Job title (See Instructions)

Adjuster

**9** Employer (See Instructions)

Date

08/25/2020

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

Richard Bonart

Contributor address; City; State; Zip Code

6524 Loma de Cristo, El Paso, TX, 79912

Amount of contribution (\$)

519.52

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

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

Robert Palacios

Contributor address; City; State; Zip Code

151 N. Michigan Ave., Chicago, IL, 60601

Amount of contribution (\$)

10.7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

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

Danielle Hernandez

Contributor address; City; State; Zip Code

7721 Edgemere, El Paso, TX, 79925

Amount of contribution (\$)

10.7

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.

City Clerk Dept.  
10/5/2020 12:12:32 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/26/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

April Hernandez

**6** Contributor address; City; State; Zip Code

6221 Arapaho Rd., El Paso, TX, 79905

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

10.7

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

08/26/2020

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

Zach Gonzalez

Contributor address; City; State; Zip Code

435 Townsend Terrace, Las Cruces, NM, 88006

Amount of contribution (\$)

7

Principal occupation / Job title (See Instructions)

Owner of Bluebird Running Company

Employer (See Instructions)

Date

08/27/2020

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

Ana Reza

Contributor address; City; State; Zip Code

9133 Cuernavaca Dr., El Paso, TX, 79907

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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

Judy Akerman

Contributor address; City; State; Zip Code

3344 Eileen Dr., El Paso, TX, 79904

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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City Clerk Dept.  
10/5/2020 12:12:32 PM



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
08/27/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arnulfo Hernandez  
.....  
**6** Contributor address; City; State; Zip Code  
4005 Manzanita Ave., Carmichael, CA, 95608

**7** Amount of contribution (\$)  
  
250

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
08/27/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Eugene L. Keller and Kathleen Anderson  
.....  
Contributor address; City; State; Zip Code  
225 Arboles Dr., El Paso, TX, 79932

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
08/28/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Norma Alvarado-Chavez  
.....  
Contributor address; City; State; Zip Code  
8212 Turk Ct., El Paso, TX, 79907

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
08/28/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Juana E. Teixeira  
.....  
Contributor address; City; State; Zip Code  
711 Tepic, El Paso, TX, 79912

Amount of contribution (\$)  
  
52.23

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.

City Clerk Dept.  
10/5/2020 12:12:32 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20**

2 FILER NAME

Mr Aaron J Montes

3 Filer ID (Ethics Commission Filers)

4 Date

08/29/2020

5 Full name of contributor

Sylvia Barron

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

6 Contributor address; City; State; Zip Code

1779 Billy Casper, El Paso, TX, 79936

7 Amount of contribution (\$)

52.23

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/29/2020

Full name of contributor

Richard Wright Campagin

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

Contributor address; City; State; Zip Code

611 E. River Ave., El Paso, TX, 79902

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/29/2020

Full name of contributor

John N. Russell and Constance R. Crawford

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

Contributor address; City; State; Zip Code

1010 Madeline Dr., El Paso, TX, 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/30/2020

Full name of contributor

Jesus Valdez

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

Contributor address; City; State; Zip Code

4800 Caseta Rd., El Paso, TX, 79922

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20**

2 FILER NAME

Mr Aaron J Montes

3 Filer ID (Ethics Commission Filers)

4 Date

08/31/2020

5 Full name of contributor

Michael Montes

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

6 Contributor address; City; State; Zip Code

11848 David Forti, El Paso, TX, 79936

7 Amount of contribution (\$)

118.69

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/31/2020

Full name of contributor

Peggy Hinkle

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

Contributor address; City; State; Zip Code

8517 Hopewell Dr., El paso, TX, 79925

Amount of contribution (\$)

78.19

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/2020

Full name of contributor

Cynthia Renteria

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

Contributor address; City; State; Zip Code

139 Tobin Pl., El Paso, TX, 79905

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2020

Full name of contributor

Walli Haley

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

Contributor address; City; State; Zip Code

3123 Broadmoor Valley Rd., Colorado Springs, CO, 809

Amount of contribution (\$)

10.7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/02/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vona Van Cleef  
**6** Contributor address; City; State; Zip Code  
4800 N. Stanton St., El Paso, TX, 79902

**7** Amount of contribution (\$)  
  
10.7

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
09/05/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Fred Villalba  
Contributor address; City; State; Zip Code  
1020 Olson St., El Paso, TX, 79903

Amount of contribution (\$)  
  
10.7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/06/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marilyn Guida  
Contributor address; City; State; Zip Code  
7465 Stoney Hill Dr., El Paso, TX, 79904

Amount of contribution (\$)  
  
104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/07/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Diana Duron  
Contributor address; City; State; Zip Code  
2304 Cumbre Negra St., El Paso, TX, 79935

Amount of contribution (\$)  
  
20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/11/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rebecca Tarango

**6** Contributor address; City; State; Zip Code

2808 Copper Ave., El Paso, TX, 79930

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

26.27

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

09/13/2020

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

John Ruffler

Contributor address; City; State; Zip Code

12440 Knightsbridge, El Paso, TX, 79928

Amount of contribution (\$)

15.89

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/2020

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

Octavio Dominguez

Contributor address; City; State; Zip Code

3948 Las Vegas, El Paso, TX, 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2020

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

Griffin Moores

Contributor address; City; State; Zip Code

818 Kimball Road, Fort Collins, CO, 80521

Amount of contribution (\$)

52.23

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.

City Clerk Dept.  
10/5/2020 12:12:32 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/14/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Merlyn Heyman

**6** Contributor address; City; State; Zip Code

1200 Galloway Dr., El Paso, TX, 79902

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

52.23

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/16/2020

Hilda Finn

Contributor address; City; State; Zip Code

6560 Grand Ridge Dr., El Paso, TX, 79912

220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/18/2020

Diana Duron

Contributor address; City; State; Zip Code

2304 Cumbre Negra St., El Paso, TX, 79935

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/18/2020

Jose Rodriguez Campaign

Contributor address; City; State; Zip Code

911 Dallas, El Paso, TX, 79902

1000

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.

City Clerk Dept.  
10/5/2020 12:12:32 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/18/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carmen and Jose Rodriguez

**6** Contributor address; City; State; Zip Code

1809 Georgia, El Paso, TX, 79902

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

150

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/18/2020

Arturo and Analinda Moreno

Contributor address; City; State; Zip Code

510 E. University Ave, El Paso, TX, 79902

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/20/2020

Laura Lara

Contributor address; City; State; Zip Code

8512 Edgemere Blvd., El Paso, TX, 79925

26.27

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/23/2020

Evangelina Balderrama

Contributor address; City; State; Zip Code

725 Hempstead Dr., El Paso, TX, 79912

26.27

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Adjuster

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

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

City Clerk Dept.  
10/5/2020 12:12:32 PM

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>0</b>	
2 FILER NAME <b>Mr Aaron J Montes</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$0</b>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<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)			

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10/5/2020 12:12:32 PM

**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:

**0**

**2** FILER NAME

Mr Aaron J Montes

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED PLEDGES

\$

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of Pledge \$

**9** In-kind contribution description

**7** Pledgor address; City; State; Zip Code

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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.

City Clerk Dept.  
10/5/2020 12:12:32 PM

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
0

2 FILER NAME  
Mr Aaron J Montes

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan      7 Name of lender       out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial Institution?      8 Lender address;      City;      State;      Zip Code

10 Interest rate

Y    N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;      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?      Lender address;      City;      State;      Zip Code

Interest rate

Y    N

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.

City Clerk Dept.  
10/5/2020 12:12:32 PM

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr Aaron J Montes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>07/21/2020</b>	<b>5</b> Payee name <b>Michael Apodaca</b>	
<b>6</b> Amount (\$) <b>500</b>	<b>7</b> Payee address; City; State; Zip Code <b>2619 Sacramento, El Paso, TX, 79930</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description <b>Research</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
<b>Date</b> <b>07/29/2020</b>	<b>Payee name</b> <b>Michael Apodaca</b>	
<b>Amount (\$)</b> <b>250</b>	<b>Payee address; City; State; Zip Code</b> <b>2619 Sacramento, El Paso, TX, 79930</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Research</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
<b>Date</b> <b>07/30/2020</b>	<b>Payee name</b> <b>Hustle Inc.</b>	
<b>Amount (\$)</b> <b>100</b>	<b>Payee address; City; State; Zip Code</b> <b>595 Market St. Suite 920, San Francisco, CA, 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description <b>Text Messages</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.  
10/5/2020 12:12:32 PM

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr Aaron J Montes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/05/2020</b>	<b>5</b> Payee name <b>El Paso Print Design</b>	
<b>6</b> Amount (\$) <b>465.48</b>	<b>7</b> Payee address; City; State; Zip Code <b>300 Sun Shadow Dr., El Paso, TX, 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Door Hangers</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
Date <b>08/10/2020</b>	Payee name <b>Victor Diaz</b>	
Amount (\$) <b>190</b>	Payee address; City; State; Zip Code <b>550 E. McKellips Rd. Apt. 2014, Mesa, AZ, 85203</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Design</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
Date <b>08/11/2020</b>	Payee name <b>Hustle Inc.</b>	
Amount (\$) <b>46.06</b>	Payee address; City; State; Zip Code <b>595 Market St. Suite 920, San Francisco, CA, 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description <b>Text Messaging</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr Aaron J Montes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/18/2020</b>	<b>5</b> Payee name <b>Donorbox</b>	
<b>6</b> Amount (\$) <b>26.48</b>	<b>7</b> Payee address; City; State; Zip Code <b>5 3rd 900 St., San Francisco, CA, 94103</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Banking</b>	<b>(b)</b> Description <b>Electronic donations fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
Date <b>09/07/2020</b>	Payee name <b>Sun Circle Strategies</b>	
Amount (\$) <b>228.02</b>	Payee address; City; State; Zip Code <b>1401 Montana Ave. Suite H, El Paso, TX, 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
Date <b>09/07/2020</b>	Payee name <b>Hustle Inc.</b>	
Amount (\$) <b>635.39</b>	Payee address; City; State; Zip Code <b>595 Market St. Suite 920, San Francisco, CA, 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description <b>Text Messaging</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr Aaron J Montes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/10/2020</b>	<b>5</b> Payee name <b>Patriot Wholesale Direct LLC</b>	
<b>6</b> Amount (\$) <b>417.99</b>	<b>7</b> Payee address; City; State; Zip Code <b>260 Engelwood Dr. Suite D, Lake Orion, MI, 48359</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Door Hangers</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
<b>Date</b> <b>09/18/2020</b>	<b>Payee name</b> <b>Airport Printing Service</b>	
<b>Amount (\$)</b> <b>2537.11</b>	<b>Payee address; City; State; Zip Code</b> <b>7 Leigh Fisher Blvd., El Paso, TX, 79906</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Mail Services</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Aaron J. Montes</b>	Office sought <b>City Representative Distr</b>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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	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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME Mr Aaron J Montes	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<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>11</b> 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
-------------	--------------------------------------

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
	<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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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr Aaron J Montes

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 (\$)

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# 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<br>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.

<b>1</b> Total pages Schedule F4: 0	<b>2</b> FILER NAME Mr Aaron J Montes	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<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>11</b> 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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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule G: <b>0</b>	<b>2</b> FILER NAME <b>Mr Aaron J Montes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

# SCHEDULE H

### 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 H: <b>0</b>	<b>2</b> FILER NAME <b>Mr Aaron J Montes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME <b>Mr Aaron J Montes</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
---	---	---

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

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

<b>PURPOSE OF EXPENDITURE</b>	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
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	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
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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# 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:

0

2 FILER NAME

Mr Aaron J Montes

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

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# 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:

0

2 FILER NAME

Mr Aaron J Montes

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  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:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  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:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  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)

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# 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

Mr Aaron J Montes

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.



Mr Aaron J Montes  
\*\*\* Electronically Certified \*\*\*

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

City Clerk Dept.  
10/5/2020 12:12:32 PM