

# 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

10/26/2020 9:15:09 PM

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

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

(Residence or Business)

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  
09/25/2020    THROUGH    10/24/2020

11 ELECTION

ELECTION DATE

Month Day Year

11/03/2020

ELECTION TYPE

Primary     Runoff     Other Description  
 General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Representative District 7

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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)	\$ 8802.99
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 6649.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2899.68
<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 26 day of October, 2020, to certify which, witness my hand and seal of office.

**John Glendon**

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

City Clerk Dept.  
10/26/2020 9:17:54 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 checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5002.99
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3800
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6649.39
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:  
**11**

**2** FILER NAME

Mr. Aaron J Montes

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

**4** Date

09/25/2020

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

Marilyn Guida

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

7465 Stoney Hill Dr. Apt. 9 A, El Paso, TX, 79904

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

104.15

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

**9** Employer (See Instructions)

Date

09/26/2020

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

Robert Nash

Contributor address; City; State; Zip Code

9701 Daphne Ct., El Paso, TX, 79925

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/27/2020

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

April Hernandez

Contributor address; City; State; Zip Code

6221 Arapaho Rd., El Paso, TX, 79905

Amount of contribution (\$)

10.7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2020

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

Deborah Nathan

Contributor address; City; State; Zip Code

147 Porfirio Diaz St, El Paso, TX, 79902

Amount of contribution (\$)

100

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.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**11**

**2** FILER NAME

Mr. Aaron J Montes

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

**4** Date

10/02/2020

**5** Full name of contributor

Vona Van Cleef

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

**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

10/02/2020

Full name of contributor

Ana Reza

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

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

10/02/2020

Full name of contributor

Oscar Martinez

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

Contributor address; City; State; Zip Code

724 Cheltenham Dr., El Paso, TX, 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/02/2020

Full name of contributor

Aaron Montes

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

Contributor address; City; State; Zip Code

11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936

Amount of contribution (\$)

270

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

10/03/2020

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

Diana Duron

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

2304 Cumbre Negra St, El Paso, TX, 79935

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

20

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

**9** Employer (See Instructions)

Date

10/05/2020

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

Daniel Carey-Whalen

Contributor address; City; State; Zip Code

4312 Park Hill Dr., El Paso, TX, 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/06/2020

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

Kenneth Bell

Contributor address; City; State; Zip Code

1115 Catalina Way Apt. G, El Paso, TX, 79925

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/09/2020

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

Jeanelle Carden

Contributor address; City; State; Zip Code

4513 Fairbanks, El Paso, TX, 79924

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**2** FILER NAME

Mr. Aaron J Montes

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

**4** Date

10/09/2020

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

Cynthia Renteria

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

139 Tobin Pl, El Paso, TX, 79905

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

50

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

**9** Employer (See Instructions)

Date

10/09/2020

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

Cassandra Flores

Contributor address; City; State; Zip Code

3821 Sunrise, El Paso, TX, 79904

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

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

Sylvia Barron

Contributor address; City; State; Zip Code

1779 Billy Casper, El Paso, TX, 79936

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2020

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

Walli Haley

Contributor address; City; State; Zip Code

3123 Broadmoor Valley Rd., Colorado Springs, CO

Amount of contribution (\$)

26.27

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

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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  
  
10/12/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Oscar Martinez  
**6** Contributor address; City; State; Zip Code  
724 Cheltenham Dr., El Paso, TX, 79912

**7** Amount of contribution (\$)  
  
311.84

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

**9** Employer (See Instructions)

Date  
  
10/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Merlyn Heyman  
Contributor address; City; State; Zip Code  
1200 Galloway Dr., El Paso, TX, 79902

Amount of contribution (\$)  
  
52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rosemary Neill  
Contributor address; City; State; Zip Code  
901 Mesita Dr., El Paso, TX, 79902

Amount of contribution (\$)  
  
104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marilyn Guida  
Contributor address; City; State; Zip Code  
7465 Stoney Hill Dr. Apt. 9 A, El Paso, TX, 79904

Amount of contribution (\$)  
  
208

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

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Mr. Aaron J Montes

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

**4** Date

10/13/2020

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

Veronica Carrillo

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

1026 E. California Ave., El Paso, TX, 79902

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

104.15

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

**9** Employer (See Instructions)

Date

10/14/2020

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

Maria Soto

Contributor address; City; State; Zip Code

1305 Yvonne Diane Dr., El Paso, TX, 79936

Amount of contribution (\$)

26.27

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2020

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

Guillermo and Marie Rios

Contributor address; City; State; Zip Code

10701 Sombra Verde, El Paso, TX, 79935

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2020

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

Marsha Loboda and Eduardo Alazraqui

Contributor address; City; State; Zip Code

11331 Gene Sarazen Dr. El Paso, TX, 79936

Amount of contribution (\$)

100

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

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Mr. Aaron J Montes

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

**4** Date

10/15/2020

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

Lily Limon

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

1301 Lonewood Dr., El Paso, TX, 79925

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

500

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

**9** Employer (See Instructions)

Date

10/19/2020

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)

Date

10/19/2020

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

Karen Pennar

Contributor address; City; State; Zip Code

800 Riverside Dr. Apt. 2B, NY, 10032

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2020

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

Laura Lara

Contributor address; City; State; Zip Code

8512 Edgemere, El Paso, TX, 79925

Amount of contribution (\$)

26.27

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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**2** FILER NAME

Mr. Aaron J Montes

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

**4** Date  
  
10/21/2020

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

Paulina Almanza

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

1219 Prospect St., El Paso, TX, 79902

**7** Amount of contribution (\$)  
  
26.27

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

**9** Employer (See Instructions)

Date  
  
10/21/2020

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

Sushma Smith

Contributor address; City; State; Zip Code

210 Lee Barton Drive unit 609, Austin, TX, 78704

Amount of contribution (\$)  
  
104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/21/2020

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

Dominique Huerta

Contributor address; City; State; Zip Code

2929 Tyler, El Paso, TX, 79930

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/21/2020

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

Sito Negrón

Contributor address; City; State; Zip Code

501 Randolph, El Paso, TX, 79902

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**2** FILER NAME

Mr. Aaron J Montes

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

**4** Date

10/21/2020

**5** Full name of contributor

Rachel Leggett

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

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

1018 2nd St SW, New Philadelphia, OH, 44663

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

26.27

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

**9** Employer (See Instructions)

Date

10/21/2020

Full name of contributor

Carla Rodriguez

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

Contributor address; City; State; Zip Code

8165 Cooley Ave., El Paso, TX, 79907

Amount of contribution (\$)

10.7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2020

Full name of contributor

Evangelina Balderrama

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

Contributor address; City; State; Zip Code

725 Hempstead Dr., El Paso, TX, 79912

Amount of contribution (\$)

26.27

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2020

Full name of contributor

Diana Duron

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

Contributor address; City; State; Zip Code

2304 Cumbre Negra St, El Paso, TX, 79935

Amount of contribution (\$)

31.46

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

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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

10/22/2020

**5** Full name of contributor

Perla Galindo

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

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

1531 Indiana, El Paso, TX, 79930

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

10.7

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

**9** Employer (See Instructions)

Date

10/22/2020

Full name of contributor

Christina Garcia

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

Contributor address; City; State; Zip Code

504 Amur Way, El Paso, TX, 79907

Amount of contribution (\$)

156.07

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2020

Full name of contributor

Anna Perez

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

Contributor address; City; State; Zip Code

673 Santiago Bustamante, Socorro, TX, 79927

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Evan Carcerano

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

Contributor address; City; State; Zip Code

7740 Nardo Goodman Drive, 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**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**11**

**2** FILER NAME

Mr. Aaron J Montes

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

**4** Date  
  
10/23/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carlos Spector  
.....  
**6** Contributor address; City; State; Zip Code  
1430 E. Yandell, El Paso, TX, 79902

**7** Amount of contribution (\$)  
  
500

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

**9** Employer (See Instructions)

Date  
  
10/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Elisa Tamayo  
.....  
Contributor address; City; State; Zip Code  
6400 Edgemere Blvd Apt. 100, El Paso, TX, 79925

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/23/2020

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  
  
10/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Aaron Montes  
.....  
Contributor address; City; State; Zip Code  
11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936

Amount of contribution (\$)  
  
320

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.  
10/26/2020 9:17:54 PM

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
2

2 FILER NAME  
Mr. Aaron J Montes

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
10/04/2020

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

7 Contributor address; City; State; Zip Code  
1601 Bassett Ave., El Paso, TX, 79901

8 Amount of Contribution \$  
1500

9 In-kind contribution description  
Filming and video production

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)  
MindWarp Films

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  
10/04/2020

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

Contributor address; City; State; Zip Code  
299 Kingspoint Dr. #77, El Paso, TX, 79912

Amount of Contribution \$  
2000

In-kind contribution description  
Website building and maintenance

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)

**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.  
10/26/2020 9:17:54 PM

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
2

2 FILER NAME  
Mr. Aaron J Montes

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
10/14/2020

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

7 Contributor address; City; State; Zip Code  
5905 Westside Dr., El Paso, TX 79932

8 Amount of Contribution \$  
300

9 In-kind contribution description  
Canvassing

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

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)

**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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# 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)

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

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# 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?  
  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

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?  
  
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.**

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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>7</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>09/25/2020</b>	<b>5</b> Payee name <b>Zapa Graphics</b>	
<b>6</b> Amount (\$) <b>202.89</b>	<b>7</b> Payee address; City; State; Zip Code <b>3410 Wickham Ave., El Paso, TX, 79904</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>Signs</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>District 7 City Council Re</b>
<b>Date</b> <b>09/30/2020</b>	<b>Payee name</b> <b>Zapa Graphics</b>	
<b>Amount (\$)</b> <b>236.74</b>	<b>Payee address; City; State; Zip Code</b> <b>3410 Wickham Ave., El Paso, TX, 79904</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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>District 7 City Council Re</b>
<b>Date</b> <b>10/02/2020</b>	<b>Payee name</b> <b>Bluehost</b>	
<b>Amount (\$)</b> <b>81.28</b>	<b>Payee address; City; State; Zip Code</b> <b>10 Coporate Drive Suite #300, Burlington, MA, 01803</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	Description <b>Website hosting</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>District 7 City Council Re</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>7</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>10/06/2020</b>	<b>5</b> Payee name <b>Airport Printing Service</b>	
<b>6</b> Amount (\$) <b>4962.1</b>	<b>7</b> Payee address; City; State; Zip Code <b>7 Leigh Fisher Blvd, El Paso, TX, 79906</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>Mailers</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>District 7 City Council Re</b>
<b>Date</b> <b>10/08/2020</b>	<b>Payee name</b> <b>Facebook</b>	
<b>Amount (\$)</b> <b>50</b>	<b>Payee address; City; State; Zip Code</b> <b>1 Hacker Way, Menlo Park, CA, 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Online Ad</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>District 7 City Council Re</b>
<b>Date</b> <b>10/12/2020</b>	<b>Payee name</b> <b>NGP VAN, Inc.</b>	
<b>Amount (\$)</b> <b>115.09</b>	<b>Payee address; City; State; Zip Code</b> <b>48 Grove Street Suite 202, Somerville, MA, 02144</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Robo Calls</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>District 7 City Council Re</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>7</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>10/13/2020</b>	<b>5</b> Payee name <b>Facebook</b>	
<b>6</b> Amount (\$) <b>50</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA, 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Online Ad</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>District 7 City Council Re</b>
<b>Date</b> <b>10/14/2020</b>	<b>Payee name</b> <b>Armando Gonzalez</b>	
<b>Amount (\$)</b> <b>80</b>	<b>Payee address; City; State; Zip Code</b> <b>11080 Vista Del Sol Dr., El Paso, TX, 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Poll sitting</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>District 7 City Council Re</b>
<b>Date</b> <b>10/14/2020</b>	<b>Payee name</b> <b>Ramon Hinojos</b>	
<b>Amount (\$)</b> <b>40</b>	<b>Payee address; City; State; Zip Code</b> <b>6 Half Moon Dr, El Paso, TX, 79915</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Poll sitting</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>District 7 City Council Re</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>7</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>10/16/2020</b>	<b>5</b> Payee name <b>Armando Gonzalez</b>	
<b>6</b> Amount (\$) <b>60</b>	<b>7</b> Payee address; City; State; Zip Code <b>11080 Vista Del Sol Dr., El Paso, TX, 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	<b>(b)</b> Description <b>Poll sitting</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>District 7 City Council Re</b>
<b>Date</b> <b>10/16/2020</b>	<b>Payee name</b> <b>Ramon Hinojos</b>	
<b>Amount (\$)</b> <b>60</b>	<b>Payee address; City; State; Zip Code</b> <b>6 Half Moon Dr, El Paso, TX, 79915</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Poll sitting</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>District 7 City Council Re</b>
<b>Date</b> <b>10/16/2020</b>	<b>Payee name</b> <b>Katie Taylor</b>	
<b>Amount (\$)</b> <b>40</b>	<b>Payee address; City; State; Zip Code</b> <b>700 Mundy Apt. 4, El Paso, TX, 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Poll sitting</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>District 7 City Council Re</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>7</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>10/16/2020</b>	<b>5</b> Payee name <b>Airport Printing Service</b>	
<b>6</b> Amount (\$) <b>161.29</b>	<b>7</b> Payee address; City; State; Zip Code <b>7 Leigh Fisher Blvd, El Paso, TX, 79906</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>Cards</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>District 7 City Council Re</b>
<b>Date</b> <b>10/18/2020</b>	<b>Payee name</b> <b>Joseline Avila</b>	
<b>Amount (\$)</b> <b>40</b>	<b>Payee address; City; State; Zip Code</b> <b>6608 Tiger Eye Dr., El Paso, TX, 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Literature drop</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>District 7 City Council Re</b>
<b>Date</b> <b>10/18/2020</b>	<b>Payee name</b> <b>Gabriel Ronquillo</b>	
<b>Amount (\$)</b> <b>40</b>	<b>Payee address; City; State; Zip Code</b> <b>205 Yolanda Dr., El Paso, TX, 79915</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Poll sitting</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>District 7 City Council Re</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: 7		<b>2</b> FILER NAME Mr. Aaron J Montes		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/19/2020		<b>5</b> Payee name Sol Martinez			
<b>6</b> Amount (\$) 40		<b>7</b> Payee address; City; State; Zip Code 618 Stewart Ct unit b, El Paso, TX, 79902			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries,Wages,Contract Labor		<b>(b)</b> Description Poll sitting		
	<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 Aaron J. Montes		Office sought District 7 City Council Re	
Date 10/20/2020		Payee name Sol Martinez			
Amount (\$) 40		Payee address; City; State; Zip Code 618 Stewart Ct unit b, El Paso, TX, 79902			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries,Wages,Contract Labor		Description Poll sitting		
	<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 Aaron J. Montes		Office sought District 7 City Council Re	
Date 10/20/2020		Payee name Katie Taylor			
Amount (\$) 40		Payee address; City; State; Zip Code 700 Mundy Apt. 4, El Paso, TX, 79902			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries,Wages,Contract Labor		Description Poll sitting		
	<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 Aaron J. Montes		Office sought District 7 City Council Re	

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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>7</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>10/22/2020</b>	<b>5</b> Payee name <b>Sol Martinez</b>	
<b>6</b> Amount (\$) <b>40</b>	<b>7</b> Payee address; City; State; Zip Code <b>618 Stewart Ct unit b, El Paso, TX, 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	<b>(b)</b> Description <b>Poll sitting</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>District 7 City Council Re</b>
<b>Date</b> <b>10/22/2020</b>	<b>Payee name</b> <b>Katie Taylor</b>	
<b>Amount (\$)</b> <b>40</b>	<b>Payee address; City; State; Zip Code</b> <b>700 Mundy Apt. 4, El Paso, TX, 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Poll sitting</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>District 7 City Council Re</b>
<b>Date</b> <b>10/23/2020</b>	<b>Payee name</b> <b>Enrique Gonzalez</b>	
<b>Amount (\$)</b> <b>230</b>	<b>Payee address; City; State; Zip Code</b> <b>9328 McCabe, El Paso, TX, 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries,Wages,Contract Labor</b>	Description <b>Poll sitting</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>District 7 City Council Re</b>

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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            | 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 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	\$
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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
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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)
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<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
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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
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<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
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<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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# 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.

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

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