CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Aaron	J	OFFICE USE ONLY
IVAWL	NICKNAME LAST Montes	SUFFIX	Date Received 10/26/2020 9:15:09 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 11607 Pellicano Dr. Apt. 1912,	El Paso, TX, 79936	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 777-4154	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr First Mr Russell	A	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	Lara	661111	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 6328 Cougar Ridge, El Paso,		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 626-8457	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09/25/2020	THROUGH 10/24	Day Year /2020
11 ELECTION	Month Day Year Primary 11/03/2020	Runoff Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known City Representative	
	до то	PAGE 2	

City Clerk Dept. 3/26/2020 9:17:54 PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
Mr. Aaron J Mon	tes		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE INDATE OF POLITICAL EXPENDITURES HAVE BEEN HADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS II JRES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8802.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 5
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6649.39
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. ORTING PERIOD	\$ 2899.68
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ O
18 AFFIDAVIT			
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	
		Aaron J Montes	
		Signature of Candid	ate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, b	by the said Aaron J Montes	, this the
day of October		to certify which, witness my hand and seal of office.	
	Jo	hn Glendon	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
Mr.	Aaron J Montes		
	SCHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5002.99
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3800
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 6649.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:
2 FILER NAME	I Montes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:_ Marilyn Guida)	7 Amount of contribution (\$)
09/25/2020		ate; Zip Code	104.15
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
09/26/2020	Robert Nash Contributor address; City; St 9701 Daphne Ct., El Paso, TX, 79925	ate; Zip Code	104.15
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor)	Amount of contribution (\$)
09/27/2020	April Hernandez Contributor address; City; Sta 6221 Arapaho Rd., El Paso, TX, 79905	ate; Zip Code	10.7
Principal occu	•	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
09/30/2020	Deborah Nathan Contributor address; City; St 147 Porfirio Diaz St, El Paso, TX, 79902	ate; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
4 Date 5 Full name of contributor out-of-state PAC (IDF:) 7 Amount of contribution (\$) 10/02/2020 6 Contributor address; City; State; Zip Code 10.7 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Ana Reza Contributor address; City; State; Zip Code 50 9133 Cuernavaca Dr., El Paso, TX, 79907 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Oscar Martinez Contributor address; City; State; Zip Code 250 724 Cheltenham Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Aaron Montes Contributor address; City; State; Zip Code Aaron Montes Contributor address; City; State; Zip Code 270 11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936		Mantas		3 Filer ID (Ethics Commission Filers)
Vona Van Cleef 10/02/2020 6 Contributor address; City; State; Zip Code 4800 N. Stanton St, El Paso, TX, 79902 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (S) 40/02/2020 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: State; Zip Code 9133 Cuernavaca Dr., El Paso, TX, 79907 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (S) Oscar Martinez Contributor address; City; State; Zip Code 724 Cheltenham Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)				
### A800 N. Stanton St, El Paso, TX, 79902 #### Principal occupation / Job title (See Instructions) ### Date	4 Date	_ out or state 17th	C (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	10/02/2020		•	10.7
Ana Reza Contributor address; City; State; Zip Code 9133 Cuernavaca Dr., El Paso, TX, 79907 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Oscar Martinez Contributor address; City; State; Zip Code 724 Cheltenham Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Aaron Montes Contributor address; City; State; Zip Code 11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
10/02/2020 Contributor address; City; State; Zip Code 50	Date		C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date	10/02/2020		State; Zip Code	50
Date Full name of contributor out-of-state PAC (ID#:		9133 Cuernavaca Dr., El Paso, TX, 7	79907	
Oscar Martinez Contributor address; City; State; Zip Code 724 Cheltenham Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Aaron Montes Contributor address; City; State; Zip Code 11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	otions)
10/02/2020 Contributor address; City; State; Zip Code 724 Cheltenham Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Aaron Montes Contributor address; City; State; Zip Code 11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor out-of-state PAC (ID#:	10/02/2020		State; Zip Code	250
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Aaron Montes Contributor address; City; State; Zip Code 11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936		724 Cheltenham Dr., El Paso, TX, 79	9912	
Aaron Montes Contributor address; City; State; Zip Code 11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	otions)
10/02/2020 Contributor address; City; State; Zip Code 11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	10/02/2020		State; Zip Code	270
Principal occupation / Job title (See Instructions) Employer (See Instructions)		11607 Pellicano Dr. Apt. 1912, El Pa	aso, TX, 79936	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			<u> </u>	

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:11
2 FILER NAME			3 Filer ID (Ethics Commission Filers
Mr. Aaron J	Montes		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/03/2020	6 Contributor address; City; 2304 Cumbre Negra St, El Paso, TX,	State; Zip Code 79935	20
3 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10/05/2020	Daniel Carey-Whalen Contributor address; City; 4312 Park Hill Dr., El Paso, TX, 79902		500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10/06/2020	Kenneth Bell Contributor address; City;	State; Zip Code	104.15
	1115 Catalina Way Apt. G, El Paso, T	X, 79925	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/09/2020	Jeanelle Carden Contributor address; City;	State; Zip Code	52.23
	4513 Fairbanks, El Paso, TX, 79924		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Aaron J	Montes		
		(ID#:)	7 Amount of contribution (\$)
10/09/2020	Cynthia Renteria 6 Contributor address; City; 139 Tobin PI, El Paso, TX, 79905	State; Zip Code	50
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/09/2020	Cassandra Flores Contributor address; City; 3821 Sunrise, El Paso, TX, 79904	State; Zip Code	25
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/10/2020	Sylvia Barron Contributor address; City; 1779 Billy Casper, El Paso, TX, 7993		52.23
	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/11/2020	Walli Haley Contributor address; City; 3123 Broadmoor Valley Rd., Colorade	State; Zip Code	26.27
	ation / Job title (See Instructions)	Employer (See Instructi	ons)

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Aaron	Montes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Oscar Martinez	C (ID#:)	7 Amount of contribution (\$)
10/12/2020	6 Contributor address; City; 724 Cheltenham Dr., El Paso, TX, 79	State; Zip Code	311.84
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l etions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/12/2020	Merlyn Heyman Contributor address; City; 1200 Galloway Dr., El Paso, TX, 799	State; Zip Code	52.23
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/12/2020	Rosemary Neill Contributor address; City; 901 Mesita Dr., El Paso, TX, 79902	State; Zip Code	104.15
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
10/12/2020	Marilyn Guida Contributor address; City;	State; Zip Code	208
Principal occu	7465 Stoney Hill Dr. Apt. 9 A, El Pas	Employer (See Instruc	itions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

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

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:11
2 FILER NAME			3 Filer ID (Ethics Commission Filers
Mr. Aaron	J Montes		
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of contribution (\$)
	Veronica Carrillo		
10/13/2020	6 Contributor address; City;	State; Zip Code	104.15
	1026 E. California Ave., El Paso, TX, 7	9902	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor)#:)	Amount of contribution (\$)
	Maria Soto		
10/14/2020	Contributor address; City;	State; Zip Code	26.27
	1305 Yvonne Diane Dr., El Paso, TX, 7	79936	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor)#:)	Amount of contribution (\$)
	Guillermo and Marie Rios		
10/14/2020	Contributor address; City;	State; Zip Code	25
	10701 Sombra Verde, El Paso, TX, 799	935	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)
	Marsha Loboda and Eduardo Alazraqu	ii	
10/15/2020	Contributor address; City;	State; Zip Code	100
	11331 Gene Sarazen Dr. El Paso, TX,	79936	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Aaron J	Montes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/15/2020	6 Contributor address; City; 1301 Lonewood Dr., El Paso, TX, 799	State; Zip Code	500
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10/19/2020	Contributor address; City; 2304 Cumbre Negra St, El Paso, TX,	State; Zip Code	20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10/19/2020	Karen Pennar Contributor address; City; 800 Riverside Dr. Apt. 2B, NY, 10032	State; Zip Code	104.15
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/20/2020	Contributor address; City; 8512 Edgemere, El Paso, TX, 79925	State; Zip Code	26.27
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF		

Mr. Aaron J Montes 4 Date 5 Full name of contributor out-of-state PAC (ID#:	O (Ethics Commission Filers
Date S Full name of contributor Out-of-state PAC (ID#: T Amound Paulina Almanza T Amound Paulina Paulina PAC (ID#: T Amound Paulina PAC (I	at of contribution (\$)
Paulina Almanza 6 Contributor address; City; State; Zip Code 1219 Prospect St., El Paso, TX, 79902 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Sushma Smith 10/21/2020 Contributor address; City; State; Zip Code 210 Lee Barton Drive unit 609, Austin, TX, 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Ominique Huerta Contributor address; City; State; Zip Code 2929 Tyler, El Paso, TX, 79930 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Ominique Huerta Contributor address; City; State; Zip Code 2929 Tyler, El Paso, TX, 79930 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amou Sito Negron Contributor address; City; State; Zip Code 50 10/21/2020 Contributor address; City; State; Zip Code 501 Randolph, El Paso, TX, 79902	nt of contribution (\$)
1219 Prospect St., El Paso, TX, 79902 B Principal occupation / Job title (See Instructions) Date Full name of contributor Sushma Smith Contributor address; City: State: Zip Code 210 Lee Barton Drive unit 609, Austin, TX, 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Dominique Huerta Contributor address; City: State: Zip Code 104.15 Amou Dominique Huerta Contributor address; City: State: Zip Code 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Dominique Huerta Contributor address; City: State: Zip Code 50 Sito Negron Contributor address; City: State: Zip Code Sito Negron Contributor address; City: State: Zip Code State: Zip Code Sito Negron Contributor address; City: State: Zip Code Sito Negron Contributor address; City: State: Zip Code State: Zip Code Sito Negron Contributor address; City: State: Zip Code Sito Negron Contributor address; City: State: Zip Code State: Zip Code Sito Negron Contributor address; City: State: Zip Code State: Zip Code State: Zip Code State: Zip Code Sito Negron Contributor address; City: State: Zip Code State: Zip Code State: Zip Code Sito Negron	it of continuution (φ)
Date 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 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 50 Code 2929 Tyler, El Paso, TX, 79930 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount 10/21/2020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount 10/21/2020 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount 10/21/2020 Contributor address; City; State; Zip Code 50 Sito Negron Contributor address; City; State; Zip Code 25 Sol Randolph, El Paso, TX, 79902	
Contributor address; City; State; Zip Code 2104.15 210 Lee Barton Drive unit 609, Austin, TX, 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	nt of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	
Dominique Huerta Contributor address; City; State; Zip Code 2929 Tyler, El Paso, TX, 79930 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Sito Negron Contributor address; City; State; Zip Code 50 Amou Sito Negron Contributor address; City; State; Zip Code 50 25	
Contributor address; City; State; Zip Code 2929 Tyler, El Paso, TX, 79930 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Sito Negron Contributor address; City; State; Zip Code 25 501 Randolph, El Paso, TX, 79902	unt of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Sito Negron Contributor address; City; State; Zip Code 501 Randolph, El Paso, TX, 79902	
Date Full name of contributor Sito Negron Contributor address; City; State; Zip Code 501 Randolph, El Paso, TX, 79902	
Sito Negron Contributor address; City; State; Zip Code 501 Randolph, El Paso, TX, 79902	
10/21/2020 Contributor address; City; State; Zip Code 501 Randolph, El Paso, TX, 79902	ant of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

2 FILER NAME		form.	11
			3 Filer ID (Ethics Commission Filers
Mr. Aaron	Montes		
4 Date	5 Full name of contributor □ out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
10/21/2020	6 Contributor address; City; 1018 2nd St SW, New Philadelphia, C	State; Zip Code OH, 44663	26.27
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/21/2020	Carla Rodriguez Contributor address; City; 8165 Cooley Ave., El Paso, TX, 7990	State; Zip Code	10.7
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
10/22/2020	Evangelina Balderrama Contributor address; City;	State; Zip Code	26.27
	725 Hempstead Dr., El Paso, TX, 799	912	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/22/2020	Diana Duron Contributor address; City;	State; Zip Code	31.46
	2304 Cumbre Negra St, El Paso, TX,		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etions)

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Aaron	Montes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (I	D#:)	7 Amount of contribution (\$)
10/22/2020	Perla Galindo 6 Contributor address; City; 1531 Indiana, El Paso, TX, 79930	State; Zip Code	10.7
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/22/2020	Contributor address; City; 504 Amur Way, El Paso, TX, 79907	State; Zip Code	156.07
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/22/2020	Anna Perez Contributor address; City;	State; Zip Code	52.23
Principal occu	673 Santiago Bustamante, Socorro, Topation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
10/23/2020	Evan Carcerano Contributor address; City; 7740 Nardo Goodman Drive, El Paso,	State; Zip Code TX 79912	52.23
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	,		
	ATTACH ADDITIONAL COPIES OF		

Mr. Aaron J Montes 4 Date 5 Full name of contributor out-of-state PAC (ID#:				
Date S Full name of contributor out-of-state PAC (ID#:	⁄Ir. Aaron J			3 Filer ID (Ethics Commission Filers
Carlos Spector 10/23/2020		Montes		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Elisa Tamayo Contributor address; City; State; Zip Code 6400 Edgemere Blvd Apt. 100, El Paso, TX, 79925 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date	_ out or state time ((ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	0/23/2020		State; Zip Code	500
Elisa Tamayo Contributor address; City; State; Zip Code 6400 Edgemere Blvd Apt. 100, El Paso, TX, 79925 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of cor Hilda Finn Contributor address; City; State; Zip Code 6560 Grand Ridge Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 6400 Edgemere Blvd Apt. 100, El Paso, TX, 79925 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Hilda Finn Contributor address; City; State; Zip Code 6560 Grand Ridge Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Hilda Finn Contributor address; City; State; Zip Code 200 6560 Grand Ridge Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	0/23/2020		State; Zip Code	100
Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor address; City; State; Zip Code contributor contributor address; City; State; Zip Code contributor contributor address; City; State; Zip Code contributor c		6400 Edgemere Blvd Apt. 100, El Pas	so, TX, 79925	
Hilda Finn Contributor address; City; State; Zip Code 6560 Grand Ridge Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	otions)
10/23/2020 Contributor address; City; State; Zip Code 200 6560 Grand Ridge Dr., El Paso, TX, 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	0/23/2020		State; Zip Code	200
		6560 Grand Ridge Dr., El Paso, TX, 7	'9912	
Date Full name of contributor out-of-state PAC (ID#:) Amount of cor	Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	etions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Aaron Montes 10/23/2020 Contributor address; City; State; Zip Code 320	10/23/2020		State; Zip Code	320
11607 Pellicano Dr. Apt. 1912, El Paso, TX, 79936	10/23/2020	11607 Pellicano Dr. Apt. 1912, El Pas	so, TX, 79936	320
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	ctions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Scher	dule A2:	
2 FILER NAME	 ≣		3 Filer ID (Ethics C	commission Filers)	
Mr. Aaron	J Montes				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 10/04/2020	6 Full name of contributor ☐ out-of-state PAC (ID#:	ddress; City; State; Zip Code		9 In-kind contribution description Filming and video production	
40				side of Texas. Complete Schedule T.	
, , , , , , , , , , , , , , , , , , , ,		MindWar	ver (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	-	•	UDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			use (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description Website building	
10/04/2020	Contributor address; City; State;	Zip Code	2000	and maintenance	
	299 Kingspoint Dr. #77, El Paso, TX, 799	-			
Dringing og	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		<u> </u>	side of Texas. Complete Schedule T.	
Fillicipal occ	upation / 300 title (FOR NON-30DICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	IAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	II F AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2:
² FILER NAME Mr. Aaron			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description Canvassing
10/14/2020	7 Contributor address; City; State; 5905 Westside Dr., El Paso, TX 79932	Zip Code	side of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	CIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel out	side of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	<u> </u>	CIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED	
	ALL AGENCE OF LEGGET	55.1250		

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

PLED	GED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAMI			3 Filer ID (Ethics C	commission Filers)
	F 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; Sta			
			l	ide of Texas. Complete Schedule T
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		•
			Check if travel outs	ide of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	; Zip Code		•
			Check if travel outs	ide of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)	Employer (See	l	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	LOANS			SCHEDULE E
	The	Instruction Guide explains how to compl	ete this form.	Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
M	r. Aaron J M	ontes		
4	TOTAL OF UN	IITEMIZED LOANS		\$
5	Date of loan	7 Name of lender out-of-state F	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	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal functionaccount (See Instruction	ds were deposited into political ons)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral	Check if personal function account (See Instruction	ds were deposited into political ons)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
			State; Zip Code	
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	If le	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mr. Aaron J Montes		3 Filer ID (Ethics Commission File	rs)
4 Date	5 Payee name			
09/25/2020	Zapa Graphics			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
(1)		- 3,	, , ,	
202.89	3410 Wickham Ave., El Paso, TX, 79	904		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing Expense	Signs		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF		trict 7 City Cour		
		inot i Oity Cour		
Date	Payee name			
09/30/2020	Zapa Graphics			
Amount (\$)	Payee address;	City;	State; Zip Code	
236.74	3410 Wickham Ave., El Paso, TX, 79	904		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	Signs		
OF EXPENDITURE				
	Cheek # trough outside of Touge Connelete Cabadule T	Observation of Assert	in TV office helder living account	
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	Aaron J. Montes Dis	trict 7 City Cour	ncil Re	
Date	Payee name			
40/00/0000	Dhaabaat			
10/02/2020	Bluehost			
Amount (\$)	Payee address;	City;	State; Zip Code	
04.00	40 O O - it - #000 D - oli	t NAA 0400	00	
81.28	10 Coprorate Drive Suite #300, Burlin	ngton, MA, 0180	J3	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Office Overhead	Website hosting	าg	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Aaron J. Montes Dist	rict 7 City Coun	ncil Re	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Oth

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	The instruction Guide explains now to t	complete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
7	Mr. Aaron J Montes			
4 Date	5 Payee name			
10/06/2020	Airport Printing Service			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4962.1	7 Leigh Fisher Blvd, El Paso, TX, 799	906		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing Expense	Mailers		
OF EXPENDITURE				
EXI ENDITORE	(a)	<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	Aaron J. Montes Dis	trict 7 City Cour	ncil Re	
Date	Payee name			
10/08/2020	Facebook			
10/00/2020	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
50	1 Hacker Way, Menlo Park, CA, 9402	25		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Online Ad		
OF EXPENDITURE				
EXPENDITORE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ Aaron J. Montes Dis	trict 7 City Cour	ncil Re	
Date	Payee name			
Date	r ayee name			
10/12/2020	NGP VAN, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
		-	,	,
115.09	48 Grove Street Suite 202, Somerville	e, MA, 02144		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Robo Calls		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ Aaron J. Montes Dist	trict 7 City Cour	ncil Re	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	-DFD	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
7	Mr. Aaron J Montes			
4 Date	5 Payee name			
10/13/2020	Facebook	Oit	04-4	7:- O- I-
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
50	1 Hacker Way, Menlo Park, CA, 9402	25		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Online Ad		
OF EXPENDITURE				
EXI ENDITORE	🗖			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ Aaron J. Montes Dis	trict 7 City Cour	ncil Re	
Date	Payee name			
10/14/2020	Armando Gonzalez			
Amount (\$)	Payee address;	City;	State;	Zip Code
80	11080 Vista Del Sol Dr., El Paso, TX	, 79935		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	Poll sitting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Aaron J. Montes Dis	trict 7 City Cour	ncil Re	
Date	Payee name			
10/14/2020	Ramon Hinojos			
Amount (\$)	Payee address;	City;	State;	Zip Code
40	6 Half Moon Dr, El Paso, TX, 79915			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	Poll sitting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Aaron J. Montes Dis	trict 7 City Coun	ncil Re	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

	The instruction during explains now to	complete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
7	Mr. Aaron J Montes			
4 Date	5 Payee name			
10/16/2020	Armando Gonzalez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
60	11080 Vista Del Sol Dr., El Paso, T	K, 79935		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Salaries,Wages,Contract Labor	Poll sitting		
OF EXPENDITURE				
	(a)			
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit 6/01	¹ Aaron J. Montes Dis	strict 7 City Cour	icii Re	
Date	Payee name			
10/16/2020	Ramon Hinojos			
Amount (\$)	Payee address;	City;	State;	Zip Code
60	6 Half Moon Dr, El Paso, TX, 79915			
	Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	Description Poll sitting		
PURPOSE OF	Jaianes, wages, Contract Labor	1 on sitting		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Aaron J. Montes Dis	strict 7 City Cour	ncil Re	
Date	Payee name			
10/16/2020	Katie Taylor			
Amount (\$)	Payee address;	City;	State;	Zip Code
40	700 Mundy Apt. 4, El Paso, TX, 799	02		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Salaries,Wages,Contract Labor	Poll sitting		
OF EXPENDITURE				
-	——————————————————————————————————————			
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	· .
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
experientare to benefit 0/01	Aaron J. Montes Dis	strict 7 City Cour	ncil Re	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel In Cot District

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Aaron J Montes 4 Date 5 Payee name 10/16/2020 Airport Printing Service 6 Amount (\$) 7 Payee address; Zip Code 161.29 7 Leigh Fisher Blvd, El Paso, TX, 79906 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Printing Expense Cards **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH District 7 City Council Re Aaron J. Montes Payee name Date 10/18/2020 Joseline Avila Amount (\$) City; State: Zip Code Payee address: 40 6608 Tiger Eye Dr., El Paso, TX, 79924 Category (See Categories listed at the top of this schedule) Description Salaries, Wages, Contract Labor Literature drop **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH District 7 City Council Re Aaron J. Montes Payee name Date 10/18/2020 Gabriel Ronguillo Amount (\$) Payee address; State; City; Zip Code 40 205 Yolanda Dr., El Paso, TX, 79915 Category (See Categories listed at the top of this schedule) Description Salaries, Wages, Contract Labor Poll sitting **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH District 7 City Council Re Aaron J. Montes ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Salaries/Wages/Contract Labor Othe

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	The instruction Guide explains now to	complete this form.			
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)	
7	Mr. Aaron J Montes				_
4 Date	5 Payee name				
10/19/2020	Sol Martinez				_
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
40	618 Stewart Ct unit b, El Paso, TX, 7	9902			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Salaries, Wages, Contract Labor	Poll sitting			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/20/2020	Sol Martinez				
Amount (\$)	Payee address;	City;	State;	Zip Code	
40	618 Stewart Ct unit b, El Paso, TX, 7	9902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	Poll sitting			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	[↑] Aaron J. Montes Dis	trict 7 City Cour	ncil Re		
	Adion 6. Workes	triot i Oity Oodi			_
Date	Payee name				
10/20/2020	Katie Taylor				
Amount (\$)	Payee address;	City;	State;	Zip Code	
40	700 Mundy Apt. 4, El Paso, TX, 7990)2			
	Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	Description Poll sitting			
PURPOSE OF EXPENDITURE	Odianes, wages, Contract Labor	Foil Sitting			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	_
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	_
expenditure to benefit C/OF	4	trict 7 City Cour	ncil Re		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	FDFD		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

oreal carar ayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mr. Aaron J Montes		3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Payee name			
10/22/2020	Sol Martinez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
40	618 Stewart Ct unit b, El Paso, TX, 7	9902		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	(b) Description Poll sitting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Aaron J. Montes Dis	Office sought trict 7 City Cour	ncil Re	Office held
Date	Payee name			
10/22/2020	Katie Taylor			
Amount (\$)	Payee address;	City;	State;	Zip Code
40	700 Mundy Apt. 4, El Paso, TX, 7990)2		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	Poll sitting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Aaron J. Montes Dis	trict 7 City Cour	ncil Re	
Date	Payee name			
10/23/2020	Enrique Gonzalez			
Amount (\$)	Payee address;	City;	State;	Zip Code
230	9328 McCabe, El Paso, TX, 79925			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries, Wages, Contract Labor	Poll sitting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Aaron J. Montes Dis	trict 7 City Cour	ncil Re	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	Constituting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	P S		pense ages/Contract Labor	Travel	In District Out Of District enter a category	not listed above)
		1	The Instruction Guide exp	iains n	ow to co	omplete this form.			
1	Total pages Schedule F2:	Mr. Aa	NAME ron J Montes				3 Filer	ID (Ethics Co	mmission Filers)
4	TOTAL OF UNITEM	1IZED UN	IPAID INCURRED OB	LIGA	TIONS	5	\$		
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Polit	itical			
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of	this sch	edule)	(b) Description			
	•	(c)	Check if travel outside of Texas. Comple	ete Sched	lule T.	Check if A	ustin, TX, offi	ceholder living ex	pense
11	Complete ONLY if direct expenditure to benefit C/OF		ndidate / Officeholder name		Of	ffice sought		Office held	d
	Date	Payee	name						
	Amount (\$)	Payee	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Poli	itical			
	PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at the top of	this sch	edule)	Description			
			Check if travel outside of Texas. Comp	lete Sche	edule T.	Check if	Austin, TX, o	fficeholder living e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder name		Of	ffice sought		Office hel	d
		ATTA	CH ADDITIONAL COPIES	SOF	гніѕ ѕо	CHEDULE AS N	EEDED		

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

ТІ	he 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	y; 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	z; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME Mr. Aaron J Montes		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-	Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political Non-	Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	Description Check if A	sustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

1 Total pages Schedule G:	2 FILER NAME Mr. Aaron J Montes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <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
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

_	The instruction during explains now to	·		
1 Total pages Schedule H:	2 FILER NAME Mr. Aaron J Montes		3 Filer ID (Ethics	Commission Filers)
0	_			
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held

SCHEDULE I

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)	
0	Mr. Aaron J Montes					
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regar	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information	

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

SCHEDULE K

The	dule K:		
² FILER NAME Mr. Aaron J	Montes	3 Filer ID (Ethic:	s 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; Star		
	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; Sta	ate; 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; Sta		
	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; Sta		
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 0					
² FILER NAME Mr. Aaron J Montes		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reporte	d on:				
Schedule A2 Sch	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Sch	nedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of	of person(s) traveling				
8 Departs	ure city or name of departure location				
O Destina	tion situation leasting				
9 Destina	tion city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference, so	eminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reporte	d on:				
Schedule A2 Sch	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Sch	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Depart	ure city or name of departure location				
Destina	tion city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reporte	d on:				
Schedule A2 Sched	ule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	lule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
	of person(s) traveling	Striedule B-33			
Departure city or name of departure location					
Destina	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)			
A	TTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for Complete only if "Report Type" on page 1 is marked "Final Complete on the complete on			
	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)		
N	1r. Aar	on J Montes			
3	SIGNA	TURE			
	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.				
		Signatu	re of Candidate / Officeholder		
ļ	•• Com	WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Checl	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
		I have unexpended contributions or unexpended interest or income earned from po- may not convert unexpended political contributions or unexpended interest or inco- personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contri- this final report. Further, I understand that I must dispose of unexpended political co- income earned on political contributions in accordance with the requirements of Elec-	me earned on political contributions to contributions and that I may not retain ibutions longer than six years after filing ontributions and unexpended interest or		
	B.	ASSETS			
	Checl	k only one:			
		I do not retain assets purchased with political contributions or interest or other incom-	ne from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to		
		<u></u>	Signature of Candidate		
5		EHOLDER plete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder. I retain political contributions interest or other income from political contributions.	after filing the last required report as an		
		officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ignature of Officeholder		
		ര	ANTENNIE OF ANTEENOUEL		