CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT**

COVER SHEET PG 1

uide explains how	to complete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total page:	s filed:
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	MOXINICKNAME MAX ADDRESS / PO BOX: AREA CODE (9(S)) MS / MRS (MR) NICKNAME STREET ADDRESS (3232 EL AREA CODE (9(5)) January 15 July 15 Month 07 ELECTION DA Month Day II / 03 OFFICE HELD (if any)	MOXIMINO NICKNAME LAST MAX MUNOZ ADDRESS / PO BOX: APT / SUITE #: AREA CODE PHONE NUMBER (915) 838 777 MS / MRS (MR) FIRST DAWNY STREET ADDRESS (NO PO BOX PLEASE); APT / 3233 N. PIEDVA EL PASO, Tx. 10 AREA CODE PHONE NUMBER (915) 564-13360 AREA CODE PHONE NUMBER (915) 564-13360 January 15 30th day before of the day before of th	MOXIMINO NICKNAME LAST MAX MUNDZ ADDRESS / PO BOX: APT / SUITE #: CITY; STATE AREA CODE PHONE NUMBER EXTEN MS / MRS (MR) FIRST DIANIE NICKNAME LAST DAWNY MEW PA STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY 3233 N. PIEDVAS ST. EL PASO, Tx. 19930 AREA CODE PHONE NUMBER EXTEN (915) 564-13360 January 15 Suite day before election But day but day before election But day before election But day but day before election But day but day but day but day but day but day bu	MOXIMINO NICKNAME LAST MAX MUNOZ ADDRESS / PO BOX: APT / SUITE #: CITY: STATE; ZIP CODE AREA CODE PHONE NUMBER EXTENSION (9(S) 838 7777 MS / MRS (UR) FIRST DAWNY MI NICKNAME LAST SUFFIX MI DAWNY STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 3233 N. PLEAVES ST. EL-PASO, Tx. 19930 AREA CODE PHONE NUMBER EXTENSION (915) 564-1336 January 15 Suffix Month Day Year Month Day Year OT / 23 / 2020 THROUGH CELECTION DATE Month Day Year Month Day Year Month Day Year Primpar Runoff ELECTION TYPE Month Day Year OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	Maximidal Last Suffix Max Mundz Address / Po Box: APT / Suite #: CITY: STATE: ZIP CODE AREA CODE PHONE NUMBER EXTENSION (PIS) 838 7777 MS / MRS (MR) FIRST MI Receipt # Date Processed NICKNAME LAST SUFFIX Date Processed NICKNAME LAST SUFFIX Date Processed Through Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: 3233 N. Predv#S S7. EL PASO, Tx. 19930 AREA CODE PHONE NUMBER EXTENSION (915) 564-1336 January 15 Sth day before election Runoff Streamen Consumer Consu

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

4 C/OH NAME		15	5 Filer ID (Ethics Commission Filers)
6 NOTICE FROM POLITICAL COMMITTEE(S)	PURPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS N/A	
17 CONTRIBUTION TOTALS	PLEDO	L UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTA	\$	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	T DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT	NORMA CARREON Notary ID #335020 My Commission Expi June 8, 2022	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
		Signature of Car	ndidate or Officeholder
Sworn to and subsidiary of OCAO	scribed before me	, by the said May Saniel Mur , to certify which, witness my hand and seal of office	102, this the 5th
Signature of office	r administering oath	Printed name of officer administering oath	Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Max Daniel Munoz 5 Full name of contributor ut-of-state PAC (ID#:____ 7 Amount of contribution (\$) 4 Date 9/1/2000 6 Contributor address: City: State: Zip Code 2526 Kentund LAS Cruces N.M. 88011 \$150,00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:___ Amount of contribution (\$) 9/1/2020 Moises Flores Ja. Contributor address; City; State; Zip Code P.O. Box 6012, ELPASO, Tx. 79906-0012 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_____ 8-27/2020 Rodolfo Romero City: State: Zip Code \$250.00 2507 Montawa, EL PASU, Tx. 79903 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#:_ OSCATZ UGAV H Contributor address; City; State; Zip Code \$100.00 4BU ADA Speculi A EL PASO, 7x. 7990Z Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Max DANiel Munor 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date \$ 150,00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) 9/21/20 Luis Aguilan City: State; Zip Code 4335harowdale ELPaso Tx, 79912 \$ 100.00 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Amount of contribution (\$) Pull name of School of UAS 9/22/2020 Contributor address; City; State; Zip Code 50/ N, KAWSAS EL PASO TX. 7990/ Employer (See Instruc Amount of contribution (\$) out-of-state PAC (ID#:____ Date Jalyn & G. Awara Contributor address; City; State; Zip Code \$ 500.00 810 W. Misouri ELASUITX 79902 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Max DANiel Munos 3 Filer ID (Ethlcs Commission Filers) 7 Amount of contribution (\$) 8/28/2000 6 CONTRIBUTOR AND CHAUEZ UNKNOWN ELIPASO TY, \$60.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date MANTHU GANZA PENICA Contributor address; City; State: Zip Code 8044 CANDENTER EN PASO 7x. 79912 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date City; State: Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date ut-of-state PAC (ID#:_ State; Zip Code City; Contributor address: 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.

SUBTOTALS - C/OH COVER SHEET PG 3

19	Max Daviel Munoz	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2910
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	5 0
4.	SCHEDULE E: LOANS	\$5,010
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s Ø
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s Ø
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0%
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4.48/6
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	5 0
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
1,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s Ø
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0%

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Max DANIE (Munon 4 TOTAL OF UNITEMIZED PLEDGES \$, 9 In-kind contribution Amount out-of-state PAC (ID#:_ 6 Full name of pledgor 5 Date description State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Amount Date Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Date In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor ut-of-state PAC (ID#:_ Date description Pledge \$ State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2

	The Instruction Guide explains how to complete this for	mitumba st vi	1 Total pages Schedule A2:
2 FILER NA	FILER NAME Max DAWIEL MUNOT		3 Filer ID (Ethics Commission Filers)
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5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Sontribution Sontribution description Check if travel outside of Texas. Complete Schedule
.o Finapai o	occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
2 Contributo	or's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
4 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
NOT SEE SEC	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule 1
Principal or	Contributes address.	ুন্দর্য হ	
	Contributor address; City; State;	Employe	Check if travel outside of Texas. Complete Schedule 1
Contributor	Contributor address; City; State; ccupation / Job title (FOR NON-JUDICIAL) (See Instructions) r's principal occupation (FOR JUDICIAL)	Employe	Check if travel outside of Texas. Complete Schedule T
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Contributor Contributor If contributor	Contributor address; City; State; ccupation / Job title (FOR NON-JUDICIAL) (See Instructions) r's principal occupation (FOR JUDICIAL) r's employer/law firm (FOR JUDICIAL) or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Employe	Check if travel outside of Texas. Complete Schedule 1 r (FOR NON-JUDICIAL)(See Instructions) tor's job title (FOR JUDICIAL)(See Instructions) of contributor's spouse (if any) (FOR JUDICIAL)
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EXPERINTURES MADE LOANS SCHEDULE E The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender Max DAviel Munoz is lender a financial Institution? 1413 Wyoming EL PASO 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) ATTORNAL 14 Description of Collateral 15 Check if personal funds were deposited into political none account (See Instructions) 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION Max DAVIEL Moror State; 1413 Wyoming ELPASU \$4,850.00 not applicable 20 Principal Occupation (See Instructions) Date of loan Out-of-state PAC (ID# Is lender a financial 1413 Wyoming ELPASO Tx. Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) M none **GUARANTOR** Amount Guaranteed (\$) INFORMATION \$ 3850 State: 1950 1 TX not applicable Principal Occupation (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.

Employer (See Instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Zip Code City; State: 7 Payee address; 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE NIA OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code City; State: Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Taxas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Payee name Date Zip Code State; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) WIA **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought

Complete ONLY if direct expenditure to benefit C/OH

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2 FRER FORME	Manual Dalay Alay Alay	Communication 1 Total pages Schedule 1
Dete of loan OLAWADA in tender a financial institution?	7 Netheror temper out occurs Program MpA DALANG VALANTA 8 Lender address: Cay: [MBAUD AND IVA PARA	State: Zip Code 11 Materity date
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Date of iden	Name of lender Name of lender DAWIN MINIO L Lendor addings	Pyer (See instructions) Com/Amount (s) \$350 / 100
Description of Collect	1413 Wyoming ELPISO 11 Job ma (Sail Indiana) Hy	yer (See Instructions)
CHARMITOR INFORMATION	Max Druid Messey	State, 299000 \$ \$350,000

Total Marie Marie		ZWOTTURKST MOD	SCHEDULE E
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(80-0,0010,002/46.09)	Municipality Place	CONTRACT CON	3 Filer ID (Ethics Commission Filers
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a financial Institution?	8 Lander address; City;	State; Zip Code The M. Maque	10 Interest rate 11 Maturity date
	tion / Job title (See Instructions)	13 Employer (See Instructions)	35 35 35 35 35 35 35 35 35 35 35 35 35 3
Description of Co	Hateral	Check if personal fun account (See Instruct	ds were deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	and the second s	19: Amount Guaranteed (\$)
-not applicable		State; Zip Code	
	tion (See Instructions)	21 Employer (See Instructions)	
		21 Employer (See Instructions)	Loan Amount (\$)
Date of loan	tion (See Instructions) Name of lender out-of-st	21 Employer (See Instructions)	
Date of loan Date of loan Date	Name of lender out-of-st Name of lender out-of-st Max Drois Muy Lender address; City: [413 Wypming 5 m / Job title (See:Instructions)	21 Employer (See Instructions) State: Zip Code L 750 Tx, 79902 Employer (See Instructions)	toen Amount (\$) \$235.26
Date of loan	Name of lender out-of-st Name of lender out-of-st Mux Drois Mun Lender address; City; [4/3 Wyoming to in / Job title (See Instructions)	21 Employer (See Instructions) State: Zip Code L NSU Tx., 79902 Employer (See Instructions)	Loan Amount (\$) \$235. Interest rate Maturity date
Date of loan Date of loan Date of loan Date of loan N Is lender a financial institution? Y N Principal occupation Description of Colla	Name of lender out-of-st Name of lender out-of-st MUX DANUE MUM Lender address; City; [413 Wyoming E on / Job title (See:Instructions) The lender address of guarantor Max Daniel Man	21 Employer (See Instructions) State: Zip Code Linguistry State: Zip Code Check if personal funds account (See Instructions)	Loan Amount (\$) \$ 225.26 Interest rate Maturity date were deposited into political
Date of loan Is lender a financial institution? Y N Principal occupation Description of Colla Dinone GUARANTOR INFORMATION	Name of lender out-of-st Name of lender out-of-st MAX DANUE MUM Lender address; City; [413 Wyoming E on / Job title (See:Instructions) The lender address; City; Iteral Name of guarantor Max Daniel Mum Guarantor address; City; I413 Wyoming E	21 Employer (See Instructions) State: Zip Code Lings Tx., 19902 Employer (See Instructions) Check if personal funds account (See Instructions)	Loan Amount (\$) \$235. Interest rate Maturity date were deposited into political ns)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Git/Awards/Memorials Expense Loen Repayment/Reimbursement.
Office Overhead/Rental Expense
Polling Expense
Printing Expense

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

Total pages Schedule F1:	2 FILER NAME	F15-60	3 Filer ID (Ethics Commission Filen
Date	5 Payee name		Prints Andrews
Amount (\$)	7 Payee address;	City;	State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	2
PURPOSE OF EXPENDITURE	· MA	A Fallessys	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	14	
Amount (\$)	Payee address;	City;	State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description W	
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PURPOSE OF EXPENDITURE	NIA	NI	A
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense

UNPAID INCURRED OBLIGATIONS

SCHEDULF F2

	1167	EXPENDITURE	CATEGORIES	FOR BOX 10(a)	ouwanowi est iai filesacio	Aller .
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Ever Fees Food Gift// al Committee Lega	t Expense /Beverage Expense wards/Memorials Ex I Services	Loan Re Office O Polling E pense Printing Salaries	payment/Reimbursement verhead/Rental Expense	Travel in District Travel Out Of District Other (enter a categor	ment & Related Exper
Total pages Schedule F2:	2 FILER NAME				MS411 EBM (2011)	- entr
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1000102	1			City:	State;	Zip Code
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EXPENDITURE				Advertisms		
	(c) Check if	travel outside of Texas. (Complete Schedule T.	Chack if Augit	n, TX, officeholder living e	
Complete ONLY if direct				CHECK II MUSU	ii' i'Y' omcanoigat liviud (expense
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expenditure to benefit C/OF		Officeholder na	T Judge	Office sought	Office he	ucip (CT.#)
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EXPENDITURE PURPOSE OF EXPENDITURE	Payee name Payee addres Political Category (See C	s; ategories listed at the travel outside of Texas.	Non-Po Op of this schedule) Complete Schedule T.	City: Check if Austi	Office he Mux	Zip Code
EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Payee addres Political Category (See C	s;	Non-Po Op of this schedule) Complete Schedule T.	City:	Office he Mux	Zip Code
expenditure to benefit C/OF Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Payee addres Political Category (See C	s; ategories listed at the travel outside of Texas.	Non-Po Op of this schedule) Complete Schedule T.	City: Check if Austi	Office he Mux State;	Zip Code
expenditure to benefit C/OF Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Payee addres Political Category (See C	s; ategories listed at the travel outside of Texas.	Non-Po Op of this schedule) Complete Schedule T.	City: Check if Austi	Office he Mux State;	Zip Code
expenditure to benefit C/OF Date Amount (\$) TYPE OF EXPENDITURE PURPOSE	Payee name Payee addres Political Category (See C	s; ategories listed at the travel outside of Texas.	Non-Po Op of this schedule) Complete Schedule T.	City: Check if Austi	Office he Mux State;	Zip Code
EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Payee addres Political Category (See C	s; ategories listed at the travel outside of Texas.	Non-Po Op of this schedule) Complete Schedule T.	City: Check if Austi	Office he Mux State;	Zip Code

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:	
2 FILER NAME	MA	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; C	ity; State; Zip Cod	
	7 Description of investment	IY	O)
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased;	City; State; Zip Co	de
	Description of investment		-
	Amount of investment (\$)		
		×	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	

Invoice 20-1262 from El Paso Mail & Print Services

maxmunoz1@sbcgl.../Inbox



eddie@epmptx.com <eddie@epmptx.com> To: maxmunoz1@sbcglobal.net

Oct 1 at 5:47 PM

El Paso Mail & Print Services Invoice Dua:00/23/2020 Amount Due: \$4,481.03 20-1262 Dear MAX MUNOZ: Your invoice-20-1262 for 4,481.03 is attached. Please remit payment at your earliest convenience. Thank you for your business - we appreciate it very much. Sincerely, El Paso Mail & Print Services 915-591-8789

1 File | 144kB

Inv_201262_from_El_Paso_Mail__Print_Services_5496.pdf

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Ut 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 Max David Monor 3 Filer ID (Ethics Commission File)	lers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,481.03	2.7
5 Date 10-01-2020	EL PASO Mail & Rint Services	4
7 Amount (\$) 4,481.03	8 Payee address; City; State; Zip Code 1144 Uista de Ovo DR. Ste. A ELASO, Tx. 1993+	
TYPE OF EXPENDITURE	Political Non-Political	A
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	76
PURPOSE OF EXPENDITURE	Advertising mail advertisings	
	(c) 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 Court Municipal CT. MOX DAVIP MUNOE MUNICIPAL THE, JULSE	
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) Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
ally marks	The part of the control of the contr	di k
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)	_	
Advertising Expense Accounting Banking Consulting Expense Contributions/Denations Made B Candidate/Officeholder/Politica Credit Card Payment		EventExpense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out Of District Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee nar	ne				*
Reimbursement from political contributions	7 Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Categor)	(See Categories listed at the top of this a	schedule)	(b) Description		T
EM EMPIONE	(c)	Check if kavel outside of Texas. Complete S	chedule T.	Check If Austi	n, TX. afficeholder living ex	pense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought	.,,	Office held
Date	Payee na	те	38	<u> </u>		
Amount (\$)	Payee ac	ldress;	_	City;	State;	Zip Code
Reimbursement from political contributions intended			_	ma n V	: I =	
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	s achedule)	Description		
		Check if travel outside of Texas. Complete 5	Schedule T.	Check if Aus	lin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name		Office sought		Office held
Date	Payee na	ame	G			
Amount (\$)	Payee a	ddress;		CitX;	State;	Zip Code
Reimbursement from political contributions intended						V B
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	s schedule)	Description		
		Check if travel outside of Taxas. Complete	Schedule T.	Check if Aus	tin, TX. officeholder living e	expense
Complete ONLY If direct expenditure to benefit C/OF		lidate / Officeholder name		Office sought		Office held
	AT	FACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

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 Office Overhead/Rental Expense Potling Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address; City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office ought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Con	mission Filose
Total pages Schedule I:	2 FILER NAME		3 Filer ID (Etnics Con	
Date	5 Payee name			
Amount (\$)	7 Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	Instructions regarding type of	information
Date	Payee name		Α	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sea required.)	Instructions regarding 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 (Se required.)	e instructions regarding type o	finformation
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se	e Instructions regarding type o	of Information

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

The Instruction Guide explains how to complete this form.		1 Total pages Sch	nedule K:	
2 FILER NAME		3 Filer ID (Eth	Filer ID (Ethics Commission Filers)	
Date	5 Name of person from whom amount is received	SEVEDIO 1650 155	8 Amount (\$)	
	To State of the St	State; Zip Code	III) Scriptor (III	
	7 Purpose for which amount is seen and	ack if political contribution		
Date	Name of person from whom amount is received	Managage (N)	Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code		
CE CARRAGO		ck if political contribution		
Date	Name of person from whom amount is received			
	(Sheet married to	onsylvy do an ex-	Amount (\$)	
		State; Zip Code		
	Address of person from whom amount is received; City;	State; Zip Code	Markovi agravi	
	Address of person from whom amount is received; City;	State; Zip Code	Markovi agravi	
	Address of person from whom amount is received; City; Purpose for which amount is received Chec Name of person from whom amount is received Address of person from whom amount is received; City;	State; Zip Code	returned to filer	
Date	Address of person from whom amount is received; City; Purpose for which amount is received Name of person from whom amount is received Address of person from whom amount is received; City;	State; Zip Code	returned to filer Amount (\$)	

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ↔				
Max DANIE Umoz	2 Filer ID (Ethics Commission Filers)			
3 SIGNATURE				
I do not expect any further political contributions or political expenditures in c ing a report as a final report terminates my campaign treasurer appointmen contributions or make any campaign expenditures without a campaign treas				
4 FILER WHO IS NOT AN OFFICEHOLDER				
Complete A & B below only if you are not an officeholder. ••	× ×			
A. CAMPAIGN FUNDS	Se			
Check only one:				
I do not have unexpended contributions or unexpended interest or it	income earned from political contributions			
I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned this final report. Further, I understand that I must dispose of unexpended income earned on political contributions in accordance with the requirement.	of interest or income earned on political contributions to of unexpended contributions and that I may not retain on political contributions longer than six years after filing ended political contributions and ways to be a set of the contributions and ways to be a set of the contributions and ways to be a set of the contributions and ways to be a set of the contributions and ways to be a set of the contributions and ways to be a set of the contributions and ways to be a set of the contributions and the contributions and the contributions are set of the contributions are set of the contributions and the contributions are set of the contrib			
B. ASSETS				
Check only one:	24			
I do not retain assets purchased with political contributions or interes	st or other income from political contributions.			
I do retain assets purchased with political contributions or interest or that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purch requirements of Election Code, § 254.204.	Of interest or other income from political contributions to			
OFFICEHOLDER				
I am aware that I remain subject to filing requirements applicable to an office. I am also aware that I will be required to file reports of unexpended officeholder, I retain political contributions, interest or other income from cal contributions or interest or other income from political contributions.	contributions if, after filing the last required report as an a political contributions, or assets purchased with politise.			
	Signature of Officeholder			