CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	2 Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER NAME	Maximina Maximina NICKNAME LAST MUNDZ	Date Received	E USE ONLY
4 CANDIDATE / OFFICEHOLDER , MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY- STATE- 719 CODE		ERK DEPT 26 PM1:00
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI D'AWIE! NICKNAME LAST SUFFIX D'AWY MENA	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 3233 N. Piedras ST. EL Paso, Tx. 79936	STATE	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 564-1336	В	Aug. 1
9 REPORT TYPE	January 15 30th day before election Runoff July 15 Bith day before election Exceeded Modified Reporting Limit	treasurer (Officehold	after campaign appointment fer Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 10 1 2020 THROUGH 10	26 / 20	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special		7-0.0
12 OFFICE	MUNICIPAL COURT JUDGE TOURT MUNICIPAL COURT NO. TWO COURT MINICIPAL COURT MUNICIPAL COURT MINICIPAL COURT MINI	DRT JUDS	e

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 2

14 C/OH NAME	Sevin Tyleya	tors certificated the white the second state of the second	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SOPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE: ROATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO JRES.	T THE CAMPINATE'S OF SETTINGS
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	NIA	
	SPECIFIC	COMMITTEE ADDRESS W A	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		NIA	
	=11	COMMITTEE CAMPAIGN TREASURER ADDRESS	THE DEMARKACION
1		NIA	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ (,600,00
EXPENDITURE TOTALS	3. TOTAL I	\$	
	4. TOTAL F	\$ 1,703.89	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD.		\$ \$
OUTSTANDING LOAN TOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 7 OF THE REPORTING PERIOD	\$5,810.19
18 AFFIDAVIT		Yapan Tanahari Tanah	
	NORMA CARREON lotary ID #3350206 Commission Expires June 8, 2022	I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code.	that the accompanying report is on required to be reported by me
AFFIX NOTARY STAMP	/SEALABOVE	Signature of Candidate	or Officeholder
Sworn to and subscrit	-	the said Maphaniel Munoz certify which, witness my hand and seal of office.	, this the 2.544
Juna Car	nen	Norma Carreón	Notace Public
Signature of officer ad-	ministering oath	Printed name of officer administering oath Tit	de of officer administering oath

SUBTOTALS - C/OH

FORM C/OH

COVER	SHEET PG 3
19 FILER NAME 20 Filer ID (Ethics C	commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5 1,600 00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s Ø
4. SCHEDULE E: LOANS	s &
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s Ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2003
10. SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 58
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s Ø

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instructi	ion Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
FILER NAME	· · ·			3 Filer ID (Ethics Commission Filers)
Date 5 Full	name of contributor	out-of-state PAC	{ID#:	7 Amount of contribution (\$)
6 Con	tributor address;	City;	State; Zip Code	
Principal occupation / J	lob title (See Instructions)		9 Employer (See Instruc	tions)
Date Full	name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Con		City:	State; Zip Code	
Principal occupation / Jo	ob title (See Instructions)		Employer (See Instruct	tions)
Date - Full	name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	tributor address;	City;	State; Zip Code	
Principal occupation / Ju	ob title (See Instructions)		Emplayer (See Instruc	tions)
Date Full	name of contributor	out-of-state PAC	{ (ID#:)	Amount of contribution (\$)
Con	ntributor address;	City;	State; Zip Code	
	ob title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITI	IONAL COPIES (OF THIS SCHEDULE AS N	NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Max DANiel Munos	3 Filer ID (Ethics Commission Filers)
10/19/20	5 Full name of contributor out-of-state PAC (ID#:) MATTHEW Dekoctz 6 Contributor address; City: State; Zip Code 718 Myr-Hue ELAAS Tx. 79901 ation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
т плорег осоар		
10/3 ha	Full name of contributor cut-of-state PAC (ID#:) W. Reed Leverton Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupa	208 COUNTRY Club RJ. ELAS, Tr. 79932 ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 10/9/2020	Full name of contributor out-of-state PAC (ID#:) Molises Floves Je. Contributor address; City; State; Zip Code P.O. Box 6012 ELPASO Txo. 19906	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-7/2020	Contributor address; City: State: Zip Code 3509 Mowtava Aug. ELPASO, Tr. 7998	\$ 250.0
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Max Daviel Munor	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state_PAC (IDE:)	7 Amount of contribution (5)
9/20/20	Rubew Hermande Z 6 Contributor address: City: State, Zip Code	\$150.3
("	1205 E. Handell Ave. ELABOTA. 79902	The second secon
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru	ctions) a section of the section of
Date	Full name of contributor ut-of-state PAC (IDI:)	Amount of contribution (\$)
9 130/20	Hecroe Villa Contributor address: City: State: Zip Code	
100140	1122 E. CAlifornia ELPASO, Tr. 7990	CONTRACTOR OF STREET
Principal oco	upation / Job title (See Instructions) Employer (See Instru	
- 100-000	The second secon	Amount of contribution (\$)
Date	Full name of contributor	
	Contributor address: City: State: Zip Code	7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00
Principal oc	supation / Job title (See Instructions) Employer (See Instructions)	uctions)
Data	Full name of contributor	Amount of contribution (\$)
	Contributor address: City; State; Zip Code	
4-1		ructions)
Principal oc	cupation / Job title (See Instructions) Employer (See Inst	
Principal oc	cupation / Job title (See Instructions) Employer (See Inst	
Principal oc	cupation / Job title (See Instructions) Employer (See Inst	
Principal oc	cupation / Job title (See Instructions) Employer (See Inst	
Principal oc	cupation / Job title (See Instructions) Employer (See Inst	

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES Amount 9 In-kind contribution 6 Full name of pledgor aut-of-state PAC (ID#: 5 Date of Pledge \$ description State; Zip Code 7 Pledgor address; City: Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Amount In-kind contribution Date Out-of-state PAC (ID#: Full name of pledgor of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Date In-kind contribution out-of-state PAC (ID#:_ Full name of pledgor Pledge \$ description Pledgor address: State; Zip Code City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution out-of-state PAC (ID#: Date Full name of pledgor description Pledge \$ City; State: Zip Code Pledgor address; 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 CONTRIBUTIONS

SCHEDULE A2

TH	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Max Davie (Nowoz		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor	Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of . In-kind contribution Contribution \$, description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#__ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID# Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor __ cut-of-state PAC (ID#____ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E.
2 FILER NAME	Max Daviel Monoz	,	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state if	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interestrate
Y N			11 Maturity date
12 Principal occupati	on / Jab title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	ateral		ds were deposited into political
none		account (See Instruct	ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	lion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
			* 1
Is lender a financial Institution?	Lender address; City,	State; Zíp Code	Interestrate
YN			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	13
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; Clty;	State, Zip Code	
not applicable		The section of the se	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
IF Io	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

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
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 Salarles Manas/Cooling Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:		= -1	3 Filler ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	9	
Amount (\$)	Payee 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 Austi	n, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	. Payee name		-7
Amount (\$)	Payee 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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to comp	plete this form.			
1 Total pages Schedule I:	2 FILERNAME Max DAviel Munoz		3 Filer ID	(Ethics Co	ommission Filers)
4 Date 10-9-20	5 Payee name ERWASTO GOMEZ				
6 Amount (\$)	7 Payee address;	City		State	Zìp Code
825-33		ELPASO			
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See required.)	instructions rega	rding type of	information
EXPENDITURE	CAMpaign Jigws, Hwgors				
10 - 7-20	Luis Quinonez				
Amount (\$)	Payee address;	City		State	Zip Code
\$ 473.89		EL Pro		Tre.	744.
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Lumber, Stakes & Signs	Description (See required.)	instructions rega	rding type of	information
1020120	Payee name (Armon Chapma				
Amount (\$)	Payee address;	Gily		State	Zip Code
₹250, <u>~</u>		ELDAS		T4.	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See	instructions regar	rding type of	information
EXPENDITURE	Poll workers	rofus me	tretc.		
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See required.)	Instructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEF	EDED		

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Printing Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel In Listed Travel Out Of District Other (enter a category not listed above)
Total pages Schedule H:	2 FILER NAME	Manager of the second	3 Filer ID (Ethics Commission Filers)
Date	5 Business name		
Amount (\$)	7 Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci	(b) Description	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		+
Amount (\$)	Business address;	City;	State; Zip Code
PURP OS E OF	Category (See Categories listed at the top of this sci	hedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete School	edule T. Check if Austin.	. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	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 so	chedule) Description	
EXPENDITURE	Check if travel outside of Texas: Complete Sch	nedule T. Check if Austin	, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED

L'OANS		BUCHTURE	Shirisuan Athos Jabi	SPERSE
The	Instruction Guide explains ho	Vio complete time form:	Complete 1 to	NagerSchedule E:
2 FICER RAME	Mour Durich L	turas -	3 FB	IC IO (Ethics Commission Flets)
A TOTAL OF U	THE MIZED LOANS		To the second	Control of the Contro
5 Date of loan	7 Nama of Backer	Call of state PAC (Ca	1. 9 6	AnAmount(a)
6 is lander a financial Institution?	8 Lander address:	City: Stee	e; Zip Code 18 km	estrate
Y N	sin Germania.		ar Alexander and State of	unly date
	or / Job 1866 (See Instructions)	13 Employer o	Stw Instructions)	
4 Description of Call	Control of the Contro	15. Che	ck if personal sunds were d	eposited into political
6 GUARANTOR	17 Name of guaranter		Carlo by the Cont	cont Guaranteed (5)
	18 Gearantor address.	City:		
Totacelcable			Zip Code	
Principal Occupation	of (See Instructions)	21 Employer (8	Se Instructions)	
Data of loan	Name of leader	or of anily that part	3 1 100	oAmount(\$)
				SEPTEMBER SEPTEMBER ALL SEPTEMBER SE
is leader a lineacist Institution?	Service of the service of	Sing.	Zap Codia Inter	estata
YN			Matu	My cain.
criticipal occupation	7 JOB 1888 (See Instructional)	Employer (S	os instructions) Surger (art (\$1))	
Pescription of Collet	erad	- р 😘	ic if personal funds were de unt (Spe. instructions)	
GUARANTOR	Name of premintor			Mt.Gustentood (\$)
	Guerantor address	Torus National States		pro-company of the second seco
not applicable			-CIP-Code	activities.
Prioripal Scoopation	(See Instructions)	Employer (Se	e Wettochong	Filling of the Control

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

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

redit Card Payment	The instruction Guide explains how to	complete this form.	
Total pages Schedule G:	2 FILER NAME Max Daviel Man.	ST BEARIN	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name NOX DAVIEL Mon.	RESERVE AND ADDRESS OF THE PARTY OF THE PART	agante la magnes sawat a
Amount (\$) Reimbursement from political contributions intended	7 Payee address; W/N_	City:	State; Zip Code
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 Austi	n, TX, officeholder living expense
emptete <u>ONLY</u> If direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1.00
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code
intended		and the second	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	\$18G
EXPERIENCE	Check if traval outside of Texas. Complete Schedule T.	Check if Ausl	jin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		антифкачка.
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 Aust	tin, TX, officeholder living expense
omplete ONLY if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarles/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.	Other (enter a category not listed above)
1 Total pages Schedule F2:	MUX DAVIEL MONOR		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	NS	\$
5 Date	6 Payee name		
10/24/2020	Max Muiel Monor		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$5,810	1413 Wyoming	EL PA	50 Tx. 7990c
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Howsers	, mail Aelvertant
OF EXPENDITURE	Signs, Mail Advantements,		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	lin, TX, officeholder living expense
11 Complete ONLY if direct	Candidate / Officeholder name (Office sought	Office held
expenditure to benefit C/OI		1	MUNICIPE
10	Max Aquiel Many	Muchoc	T. JUNE COUNT JUNED
Date	Payee name		
	×		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical	
		Olitical Control	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		32	
EXPENDITURE	240		
	Chack if travel outside of Taxas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name (Office sought	Office held
expenditure to benefit G/OF	•		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 2 FILER NAME Nax Daviel Musor 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor ut-of-state PAC (ID#: Amount of 9 In-kind contribution Contribution \$ description 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employer (FOR NON-JUDICIAL)(See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Contribution \$ description Contributor address; City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EMOTTUETTHOS JACTO TO SCHEDULE, E LOANS 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 UNITEMIZEDILOANS Date of loan Name of lender Out-of-state PAC (IDE: 9 Loan Amount (\$) attende Is lender 8 Lender address; 10 Interestrate State: Zip Code a financial Institution? 11 Maturity date - NOW TO THE DESIGNATION OF THE PARTY. Aller to sale and or or or or or or or or 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) THE PROPERTY OF 14 Description of Collateral 15. Check if personal funds were deposited into political account (Sea Instructions) попе 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan U out-of-state PAC (IDE Name of lender Loan Amount (\$) Lander address; is lender Interest rate Zio Code a financial 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) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION State; Zip Code Guarantor address: City:

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

Principal Occupation (See Instructions)

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not applicable

Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES FO	OR BOX 8(a)	ologi makro istem	
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	the Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	ASSESSED ASS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	medyranda
-	6 Address of person from whom investment is purchased;	City; State; Zip Code
880	7 Description of Investment	
	8 Amount of investment (\$)	36 -797 <u>36</u> -797 <u>31</u>
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	Description of Investment	AND ROSE TO SECURE
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Seleries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Co Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code Q TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete So dule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City: State: Zip Code TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF. EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, offic holder living expense Candidate / Officeholder name Office sought ffice held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. .. Complete only if "Report Type" on page 1 is marked "Final Report" ... 1 C/OH NAME 2 Filer ID (Ethics Commission Filers) Max DAviel. 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder 4 FILER WHO IS NOT AN OFFICEHOLDER -- Complete A & B below only if you are not an officeholder. --**CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions, I do retain assets purchased with political contributions or interest or other income from political contributions. 1 understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER .. Complete this section only if you are an officeholder .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder