CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how t	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr Mr.	FIRST Felix	мі J.	OFFICE USE ONLY
NAME	NICKNAME	LAST Muñoz	SUFFIX	Date Received 10/07/2022 4:13 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STATE; ZIP CODE	<u>CITY CLERK'S OFFICE - Diana Nunez</u> CITY CLERK'S OFFICE - Diana Nunez (Oct 10, 2022 13-26 MDT)
Change of Address	ļ			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	ms / mrs / mr Mr.	FIRST Felix	мі J.	Data Davasand
NAME	NICKNAME	LAST	SUFFIX	Date Processed 10/10/2022 1:26 PM
		Muñoz		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (M	NO PO BOX PLEASE); APT / SI	SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER	()			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	08/04/202	22 /	тнгоидн 10/07/20	22 /
11 ELECTION	ELECTION DAT			
	Month Day	Year Primary	Description	
	11/08/2022	General	Special	
12 OFFICE	OFFICE HELD (if any)	i	13 OFFICE SOUGHT (if known	ו)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
~	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
	-	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
 	<u> </u>			
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

^{15 C/OH NAME} Fe	elix	Muñoz	2		16 File	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	PL	TAL UNITEMIZED POLITICAL EDGES, LOANS, OR GUARAN DNTRIBUTIONS MADE ELECTI	ITEES OF LC	ANS, OR	AN	\$ 0	
		TAL POLITICAL CONTRIBL HER THAN PLEDGES, LOANS		ANTEES OF LOANS	6)	\$ 0	
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITU	RE.		\$ 0	
4. TOTAL POLITICAL EXPENDITURES					\$288	33.16	
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIC REPORTING PERIOD	ONS MAINTA	INED AS OF THE L	AST DAY	\$ 0	
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF A		NDING LOANS AS	OF THE	\$ 0	
		under penalty of perjury, tha orted by me under Title 15, Ele		panying report is ti	ue and co	prrect and incl	udes all information
	acknowledge I ar	n electronically signing here	Felix J. Felix J. Muñoz (Oct 7, 2022 16:13 MDT)			
				Signature of 0	Candidate	or Officehold	er
				0			
		Diagon comula	to oitho	r ontion hole			
		Please comple	ete eitne	r option beio	w.		
(1) Affidavit							
(-)							
NOTARY STAMP/SE	AL						
		Felix J. Muñoz			10/10)/2022	
Sworn to and subscribe	d before me by			this da	te	, t	o certify which,
witness my hand and seal	lofoffice						
<u>CITY CLERK'S OFFICE - Di</u>		Diana Nunez				Notary	Public
CITY CLERK'S OFFICE - Diana Nunez (Oct 10, 2022 13:2	e6 MDT)					•	
Signature of officer adminis	tering oath	Printed name of office	er administerir	ig oath		The of office	r administering oath
		C	DR				
(2) Unsworn Declarat	tion						_
, ,							
My name is			an	d my date of hirth	is		
iviy address is			,		,,	······································	·
		(street)				(zip code)	
Executed in	Coun	ty, State of	, on the	day of	th)	, 20	÷
				(mor	u(1)	(year)	
				Signature of Can	didate/Offic	poholdor (Deal	larant)
				Signature of Call			arantj

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er name X J. Muñoz	20 Filer ID (Ethics Con	nmissior	r Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		-	UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4.	4. SCHEDULE E: LOANS			\$0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ \$2	2,883.16
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$0.00

SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		11ño7		
	elix J. M			
4	Date	5 Full name of contributor	state DAC (ID#)	7 Amount of contribution (\$)
-			state PAC (ID#:)	
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	-			
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		- , - ,	, I -	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	stions)
				1
	Date	Full name of contributor	state DAC (ID#)	
	Dale		state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			·	
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
			· · · · · · · · · · · · · · · · · · ·	
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
			OPIES OF THIS SCHEDULE AS N	
		If contributor is out-of-state PAC, please s	ee Instruction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		11ño7		
	elix J. M			
4	Date	5 Full name of contributor	state DAC (ID#)	7 Amount of contribution (\$)
-			state PAC (ID#:)	
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	-			
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		- , - ,	, I -	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	stions)
				1
	Date	Full name of contributor	state DAC (ID#)	
	Dale		state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			· · ·	
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
			· · · · · · · · · · · · · · · · · · ·	
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
			OPIES OF THIS SCHEDULE AS N	
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		11ño7		
	elix J. M			
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-			state PAC (ID#:)	
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	-			
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		- , - ,	, I -	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	stions)
				1
	Date	Full name of contributor	state DAC (ID#)	
	Dale		state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			· · ·	
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
			· · · · · · · · · · · · · · · · · · ·	
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
			OPIES OF THIS SCHEDULE AS N	
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2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		11ño7		
	elix J. M			
4	Date	5 Full name of contributor	state DAC (ID#)	7 Amount of contribution (\$)
-			state PAC (ID#:)	
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	-			
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		- , - ,	, I -	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	stions)
				1
	Date	Full name of contributor	state DAC (ID#)	
	Dale		state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			·	
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
			· · · · · · · · · · · · · · · · · · ·	
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
			OPIES OF THIS SCHEDULE AS N	
		If contributor is out-of-state PAC, please s	ee Instruction guide for additional	reporting requirements.

SCHEDULE A1

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2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		11ño7		
	elix J. M			
4	Date	5 Full name of contributor	state DAC (ID#)	7 Amount of contribution (\$)
-			state PAC (ID#:)	
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	-			
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		- , - ,	, I -	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	stions)
				1
	Date	Full name of contributor	state DAC (ID#)	
	Dale		state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			· · ·	
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
			· · · · · · · · · · · · · · · · · · ·	
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
			OPIES OF THIS SCHEDULE AS N	
		If contributor is out-of-state PAC, please s	ee Instruction guide for additional	reporting requirements.

SCHEDULE A2

IT	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Felix J.	Muñoz			
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
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsid	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			requirements.

SCHEDULE A2

IT	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Felix J.	Muñoz			
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
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsid	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
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SCHEDULE A2

IT	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Felix J.	Muñoz			
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
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsid	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			requirements.

SCHEDULE A2

IT	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Felix J.	Muñoz			
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
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsid	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			requirements.

SCHEDULE A2

IT	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Felix J.	Muñoz			
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
	7 Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsid	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to complete	e this form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
Felix J. N	<i>l</i> luñoz			
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor Out-of-state PAC (8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City;	State; Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See		
			men denene)	
Date		ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;			 .
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor 🗌 out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COF			
lf	contributor is out-of-state PAC, please see		-	ı requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to complete	e this form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
Felix J. N	<i>l</i> luñoz			
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor Out-of-state PAC (8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City;	State; Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See		
			men denene)	
Date		ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;			 .
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor 🗌 out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COF			
lf	contributor is out-of-state PAC, please see		-	ı requirements.

LOA	NS
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The	Instruction Guide explains how to complete	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Felix J. Muñoz			
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P.	AC (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 occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col none	lateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
			<u> </u>
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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The	Instruction Guide explains how to complete	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Felix J. Muñoz			
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P.	AC (ID#:)	9 Loan Amount (\$)
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Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col none	lateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
	<u> </u>		<u> </u>
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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The	Instruction Guide explains how to complete	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Felix J. Muñoz			
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P.	AC (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 occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col none	lateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
			<u> </u>
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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The	Instruction Guide explains how to complete	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Felix J. Muñoz			
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P.	AC (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 occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col none	lateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
			<u> </u>
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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-			
The	Instruction Guide explains how to complete	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Felix J. Mu	ñoz		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P.	AC (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 occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
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16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
			<u> </u>
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				I	
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	${f y}$ (See Categories listed at the top of this	s schedule)	(b) Description		
	(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/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	ldress;		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 S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ac	ldress;		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, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				I	
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	${f y}$ (See Categories listed at the top of this	s schedule)	(b) Description		
	(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/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	ldress;		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 S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ldress;		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, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				I	
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	${f y}$ (See Categories listed at the top of this	s schedule)	(b) Description		
	(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/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	ldress;		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 S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ac	ldress;		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, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				I	
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	${f y}$ (See Categories listed at the top of this	s schedule)	(b) Description		
	(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/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	ldress;		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 S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ac	ldress;		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, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				I	
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	${f y}$ (See Categories listed at the top of this	s schedule)	(b) Description		
	(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/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	ldress;		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 S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ldress;		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, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH 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 B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	Expense morials Expense	Office Ove Polling Ex Printing Ex		Transpor Travel In Travel O	District ut Of District	Expense ent & Related Expense not listed above)
		The Instruct	tion Guide explain	ns how to c	complete this form.			
1 Total pages Schedule F2:	2 FILER	^{NAME} J. Muñoz				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN	MIZED UN	IPAID INCL	JRRED OBLI	GATION	S	\$		
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories	s listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outsi	ide of Texas. Complete S	Schedule T.	Check if Aus	stin, TX, office	eholder living ex	kpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Office	holder name	C	Office sought		Office hel	d
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	blitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories	s listed at the top of this	schedule)	Description			
		Check if travel out	tside of Texas. Complete	Schedule T.	Check if A	ustin, TX, offic	ceholder living	expense
Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics	s.state.tx.us	S			Revised 8/17/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services		Office Ove Polling Ex Printing Ex		Transport Travel In Travel Ou	District ut Of District	Expense nt & Related Expense not listed above)
		The Instruct	ion Guide explair	ns how to c	complete this form.			
1 Total pages Schedule F2:	2 FILER Felix J	NAME I. Muñoz				3 Filer I	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN	MIZED UN	PAID INCU	RRED OBLI	GATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	Ƴ (See Categories	listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outsic	de of Texas. Complete S	chedule T.	Check if Aus	stin, TX, office	holder living ex	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate / Officeł	holder name	C	Office sought		Office held	3
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	olitical			
PURPOSE OF EXPENDITURE	Catego	Ƴ (See Categories	listed at the top of this	schedule)	Description			
		Check if travel outs	side of Texas. Complete	Schedule T.	Check if A	ustin, TX, offic	eholder living e	expense
Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
					CHEDULE AS NE	EDED		Deviced 0/47/0000
Forms provided by Texas Ethio	cs Commissio	on	www.ethics	.state.tx.us	5			Revised 8/17/2020

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

ті	he Instruction Guide explains how to complete this form.	1 Total	pages Sch	edule F3:	
² FILER NAME Felix J. N	luñoz	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; Cit	y;	s	State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	/;		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EDED		

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

ті	he Instruction Guide explains how to complete this form.	1 Total	pages Sch	edule F3:	
² FILER NAME Felix J. N	luñoz	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; Cit	y;	s	State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	/;		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EDED		

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CREDI	T CARD	SCHEDULE F4			
If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATE	GORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME Felix J. Muñoz		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	TYPE OF Delitical					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description				
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense			
11 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			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description				
	Check if travel outside of Texas. Complete	Schedule T. Check if A	Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED			

EXPENDITUR	RES MADE BY CREDI	T CARD	SCHEDULE F4			
If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATE	GORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME Felix J. Muñoz		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	TYPE OF Delitical					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description				
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense			
11 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			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description				
	Check if travel outside of Texas. Complete	Schedule T. Check if A	Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED			

SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		vent Expense Loan Repayment/Reimbursement ees Office Overhead/Rental Expense ood/Beverage Expense Polling Expense ift/Awards/Memorials Expense Printing Expense egal Services Salaries/Wages/Contract Labor		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filors)
2		J. Muñoz			3 Filer ID (Ethics	Commission Fliers)
4 Date	5 Pavee nar					
08/04/2022	City of	El Paso				
6 Amount (\$) 250.00 Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9	Candid	ate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Felix	J. Muñoz	Dis	st. 5 City Cou	ncil	
Date	Payee nar	ne				
08/04/2022	Big Fro	og Custom T-shirts 8	Moore			
Amount (\$) 411.62 Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	is schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	, TX, officeholder living e	xpense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	PH Felix	J. Muñoz	Dis	st 5 City Cou	ncil	
Date	Payee nar	ne				
08/19/2022	Visita I	Print				
Amount (\$) 451.59 Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living ex	kpense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Felix	J. Muñoz	Dist	5 City Council08/22/	2022	
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense e By Gift/Awards/Memorials Expense		Office Ov Polling Ex Printing E Salaries/V	xpense Nages/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 explai	ns how to	complete this form.		
1 Total pages Schedule G: 2	² FILER NA	J. Muñoz			3 Filer ID (Ethics	Commission Filers)
⁴ Date 08/22/2022	5 Payee nar Super	me Cheap Signs				
6 Amount (\$) 1,368.95 Reimbursement from political contributions intended	7 Payee add	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	' (See Categories listed at the top of this s	schedule)	(b) Description		
	(c) (Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name J. Muñoz	Dis	Office sought St 5 City Coul	ncil	Office held
Date	Payee nar	ne				
09/08/2022	Lowe's	\$				
Amount (\$) 401.00 Reimbursement from political contributions intended	Payee add	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	v (See Categories listed at the top of this s	schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austir			n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	DNLY if direct Candidate / Officeholder name Office sought Office held DNLY if direct Felix J. Muñoz Dist 5 City Council					
Date	Payee nar	ne				
Amount (\$) Reimbursement from political contributions	Payee add	dress;		City;	State;	Zip Code
	Category	Y (See Categories listed at the top of this s	schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp		Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	-	-					
1 Total pages Schedule G: 2	² FILER NA	J. Muñoz			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	me					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
Date	Payee nar	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austi	in, TX, officeholder living ex	kpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/				Office held			
Date	Payee nar	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this a	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEEL	DED		

SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp		Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	-	-					
1 Total pages Schedule G: 2	² FILER NA	J. Muñoz			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	me					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
Date	Payee nar	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austi	in, TX, officeholder living ex	kpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/				Office held			
Date	Payee nar	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this a	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEEL	DED		

SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp		Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	-	-					
1 Total pages Schedule G: 2	² FILER NA	J. Muñoz			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	me					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
Date	Payee nar	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austi	in, TX, officeholder living ex	kpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/				Office held			
Date	Payee nar	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this a	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEEL	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	² FILER N	AME Muñoz			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		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 s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	² FILER N	AME Muñoz			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		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 s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	² FILER N	AME Muñoz			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		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 s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	² FILER N	AME Muñoz			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		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 s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule H:	² FILER N	AME Muñoz			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		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 s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Quide explains how to complete this form								
	The Instruction Guide explains how to con	mplete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)			
	Felix J. Muñoz							
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.)	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.)	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.)	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.)	instructions rega	rding type of	information			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED					

Forms provided by Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Quide explains how to complete this form								
	The Instruction Guide explains how to con	mplete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)			
	Felix J. Muñoz							
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.)	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.)	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.)	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.)	instructions rega	rding type of	information			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED					

Forms provided by Texas Ethics Commission

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
² FILER NAME Felix J. M	luñoz	3 Filer ID (Ethics	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; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; 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	te; 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	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
² FILER NAME Felix J. M	luñoz	3 Filer ID (Ethics	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; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; 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	te; 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	ate; Zip Code	
	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 Instru	uction Guide	explains	how to complete	this form.	1 Total pages Schedule T:						
² FILER NAME Felix J. Muñoz											
4 Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	or / Payee							
5 Contribution / Expend	Sche	edule B edule F4	Schedule B(J)) Schedule C2	Schedule D Schedule F1						
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location										
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10 Means of transportation	ion	11 Purpo	se of travel (includin	ng name of conference	seminar, or other event)						
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	A	FTACH AD	DITIONAL COPIE	S OF THIS SCHEDU	LE AS NEEDED						

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

SCHEDULE T

The Instru	uction Guide	explains	how to complete	this form.	1 Total pages Schedule T:						
² FILER NAME Felix J. Muñoz											
4 Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	or / Payee							
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	A	FTACH AD	DITIONAL COPIE	S OF THIS SCHEDU	LE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to com	
	•• Comple	te only if "Report Type" on page 1 is m	narked "Final Report" ••
C/OH N	AME Felix	Muñoz	2 Filer ID (Ethics Commission Filers)
SIGNA	TURE		
designat	ting a report as a final repo	contributions or political expenditures in conr ort terminates my campaign treasurer appointr ny campaign expenditures without a campaigr	nent. I also understand that I may not accept any
		l acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate / Officeholder
	WHO IS NOT AN OFFI plete A & B below only	CEHOLDER if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS		
Check	only one:		
	I do not have unexpended	d contributions or unexpended interest or inco	me earned from political contributions.
	may not convert unexper personal use. I also und unexpended contributions filing this final report. Fur	nded political contributions or unexpended in lerstand that I must file an annual report of s or unexpended interest or income earned on	ned from political contributions. I understand that terest or income earned on political contributions unexpended contributions and that I may not reta political contributions longer than six years after pended political contributions and unexpended the requirements of Election Code, § 254.204.
В.	ASSETS		
Check	only one:		
	l do not retain assets pure	chased with political contributions or interest o	or other income from political contributions.
	that I may not convert as	sets purchased with political contributions or ir erstand that I must dispose of assets purchase	her income from political contributions. I understant Interest or other income from political contributions and with political contributions in accordance with th
		acknowledge I am electronically signing here - or leaving this blank if it does not apply to me.	Signature of Candidate
 •• Comj	I am aware that I remain su file. I am also aware that I an officeholder, I retain pol political contributions or in	will be required to file reports of unexpended c itical contributions, interest or other income fro terest or other income from political contributi acknowledge I am electronically signing here	eholder who does not have a campaign treasurer or ontributions if, after filing the last required report as m political contributions, or assets purchased with ons.
		r leaving this blank if it does not apply to me.	Signature of Officeholder