# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Aaron NICKNAME LAST	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Montes ADDRESS / PO BOX; APT / SUITE #; 11607 Pellicano Dr. Apt. 1912;	1/15/2021 11:13:51 PM			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 915 ) 777-4154	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
NAME	Mr. Russell	A	Date Processed		
	Lara		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 5 6328 Cougar Ridge, El Paso,		STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 626-8457	EXTENSION			
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 10/25/2020	Month THROUGH 12/31	Day Year /2020		
11 ELECTION	ELECTION DATE Month Day Year Primary 11/03/2020	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)		
	GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			· · · · · · · · · · · · · · · · · · ·	15 Filer ID (Ethics Commission Filers)			
Mr. Aaron J. Mont	es						
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN T	REASURER NAME				
Additional Pages							
		COMMITTEE CAMPAIGN	IREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	L . UNITEMIZED POLITICA ES, LOANS, OR GUARAN RIBUTIONS MADE ELECT		\$			
		POLITICAL CONTRIB	<b>UTIONS</b> S, OR GUARANTEES OF LOANS)	\$ 4012.17			
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAI	_ EXPENDITURE.	\$			
	4. TOTAL	POLITICAL EXPENDI	IURES	\$ 7370.78			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO	ONS MAINTAINED AS OF THE LAST	<sup>• DAY</sup> \$ 81.64			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$			
18 AFFIDAVIT				'			
				perjury, that the accompanying report is prmation required to be reported by me			
			Aaron J Montes				
			Signature of Can	didate or Officeholder			
AFFIX NOTARY STAM	IP/SEALABOVE						
Sworn to and subsc	ribed before me, l	by the said Aaron J	I Montes	, this the _18			
<sub>day of</sub> January	~ 4		ess my hand and seal of office.				
	I	Mary Katz					
Signature of officer a	administering oath	Printed name of	officer administering oath	Title of officer administering oath			

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FI	mmission Filers)						
Mr. A	Mr. Aaron J. Montes						
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4012.17				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 7370.78				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$				

# MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Aaron J.	Montes		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Paulina Tamayo		
10/25/2020	6 Contributor address; City;	State; Zip Code	52.23
	4433 N. Stanton, El Paso, TX, 79902		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (f)
Dato		·,	Amount of contribution (\$)
40/05/0000	Anthony Chacon Contributor address; City;	State; Zip Code	050
10/25/2020	10438 Seawood Dr, El Paso, TX, 799		250
	10430 Seawood DI; EI Faso; 1A, 799	125	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor   Image: out-of-state PAC	(ID#:)	Amount of contribution (\$)
Date		(ID#:)	Amount of contribution (\$)
	Full name of contributor       Image: Out-of-state PAC         April Hernandez       Contributor address;         Contributor address;       City;	(ID#:) State; Zip Code	Amount of contribution (\$)
	April Hernandez Contributor address; City;	State; Zip Code	
10/27/2020	April Hernandez	State; Zip Code	10.7
10/27/2020	April Hernandez <sup>Contributor address;</sup> City; 6221 Arapaho Rd., El Paso, TX, 7990	State; Zip Code )5	10.7
10/27/2020	April Hernandez <sup>Contributor address;</sup> City; 6221 Arapaho Rd., El Paso, TX, 7990	State; Zip Code )5 Employer (See Instruc	10.7
10/27/2020 Principal occup	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions)	State; Zip Code )5 Employer (See Instruc	10.7 tions)
10/27/2020 Principal occup Date	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor	State; Zip Code )5 Employer (See Instruc	10.7 tions)
10/27/2020 Principal occup Date	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code	10.7 tions) Amount of contribution (\$)
10/27/2020 Principal occup Date 10/28/2020	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal Contributor address; City;	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code	10.7 tions) Amount of contribution (\$) 100
10/27/2020 Principal occup Date 10/28/2020	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal Contributor address; City; 3016 Wheeling Ave., El Paso, TX, 79	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code )930	10.7 tions) Amount of contribution (\$) 100
10/27/2020 Principal occup Date 10/28/2020	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal Contributor address; City; 3016 Wheeling Ave., El Paso, TX, 79	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code )930	10.7 tions) Amount of contribution (\$) 100
10/27/2020 Principal occup Date 10/28/2020	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal Contributor address; City; 3016 Wheeling Ave., El Paso, TX, 79	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code )930	10.7 tions) Amount of contribution (\$) 100
10/27/2020 Principal occup Date 10/28/2020	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal Contributor address; City; 3016 Wheeling Ave., El Paso, TX, 79	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code )930	10.7 tions) Amount of contribution (\$) 100
10/27/2020 Principal occup Date 10/28/2020	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal Contributor address; City; 3016 Wheeling Ave., El Paso, TX, 79	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code )930	10.7 tions) Amount of contribution (\$) 100
10/27/2020 Principal occup Date 10/28/2020	April Hernandez Contributor address; City; 6221 Arapaho Rd., El Paso, TX, 7990 pation / Job title (See Instructions) Full name of contributor Veronica Carbajal Contributor address; City; 3016 Wheeling Ave., El Paso, TX, 79	State; Zip Code )5 Employer (See Instruc (ID#:) State; Zip Code )930	10.7 tions) Amount of contribution (\$) 100

# MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A1: 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr. Aaron J.	Montes	
4 Date	5 Full name of contributor out-of-state PAC (ID;	#:) <b>7</b> Amount of contribution (\$)
	Diana Duron	
10/28/2020	<b>6</b> Contributor address; City; S	State; Zip Code <b>31.46</b>
	2304 Cumbre Negra, El Paso, TX, 799	35
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID)	#:) Amount of contribution (\$)
	Rebeca Rasura	
40/20/2020		State; Zip Code <b>21 09</b>
10/30/2020	3437 Killeen PI, El Paso, TX, 79936	State; Zip Code 21.08
Principal occur	Dation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor Out-of-state PAC (ID;	#:) Amount of contribution (\$)
	Daisy Gomez	
11/01/2020	Contributor address; City; S	State; Zip Code 36
	3812 Rocio St., El Paso, TX, 79936	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID;	#:) Amount of contribution (\$)
	Vona Van Cleef	
11/02/2020	Contributor address; City;	State; Zip Code 10.7
	4800 N. Stanton St., El Paso, TX, 7990	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete this f	orm	1 Total pages Schedule A1:
	······································		3
2 FILER NAME Mr. Aaron J.	Montes		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date		D#	<b>7</b> Amount of contribution (\$)
1 2010	J.P. Bryan	ID#:)	
11/05/2020	6 Contributor address; City;	State; Zip Code	2500
11/05/2020	1331 Lamar St., Houston, TX, 77010	State; Zip Code	3500
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC (	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (i	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

т	he Instruction Guide explains how to complete this forr	1 Total pages Schedule A2: 0			
2 FILER NAM	IE	3 Filer ID (Ethics Commission Filers)			
Mr. Aaron	J. Montes				
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code			
<b>10</b> Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributo	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 In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code			
Principal oc	Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	yer (FOR NON-JUDICIAL)(See Instructions)		
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor	s employer/law firm (FOR JUDICIAL)	Law firn	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		-		

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

·				
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)
Mr. Aaron J.	Montes			
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
	<b>7</b> Pledgor address; City; Si	ate; Zip Code		
			Check if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; S	tate; Zip Code		
			Check if travel outsi	de 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	e; Zip Code		· · ·
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
		1		
	ATTACH ADDITIONAL COPIES			
lf	contributor is out-of-state PAC, please see Ins		-	requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 0
<sup>2</sup> FILER NAME Mr. Aaron J. Mo	ontes	3 Filer ID (Ethics Commission Filers)	
TOTAL OF UI	NITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	<b>8</b> Lender address; City;	10 Interest rate	
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	lateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR	17 Name of guarantor		<b>19</b> Amount Guaranteed (\$)
not applicable not applicable <b>20</b> Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal fun	do wore dependent into political
none		account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COF ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NEI struction guide for additional re	

## SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Gald Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:					3 Filer ID (Ethic	cs Commission Filers)		
5	Mr. Aaro	n J. Montes						
4 Date	5 Payee nar							
10/26/2020	Dominiqu	le Martinez						
6 Amount (\$)	7 Payee add	tress;		City;	State;	Zip Code		
40								
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/	(See Categories listed at the top of this Wages	s schedule)	(b) Description Polls				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		te / Officeholder name . Montes	Dist	Office sought rict 7 City Repu	resenta	Office held		
Date	Payee nar	ne						
10/26/2020	Airport P	rinting Service						
Amount (\$)	Payee add	dress;		City;	State;	Zip Code		
2500	7 Leigh F	Fisher Blvd, El Paso,	TX, 799	06				
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this ng Expense	schedule)	Description Mail				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense		
Complete ONLY if direct	Candida	te / Officeholder name		Office sought		Office held		
expenditure to benefit C/OF	<sup>+</sup> Aaron J	. Montes	Dist	rict 7 City Rep	resenta			
Date	Payee na	ne						
10/26/2020	Katie Tay	lor						
Amount (\$)	Payee add	dress;		City;	State;	Zip Code		
40	700 Mun	dy Apt, El Paso, TX,	79902					
PURPOSE OF EXPENDITURE	Category Salaries/	(See Categories listed at the top of this Wages	schedule)	Description Polls				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	ig expense		
Complete ONLY if direct	Candida	te / Officeholder name		Office sought		Office held		
expenditure to benefit C/OF	<sup>+</sup> Aaron J	. Montes	Dist	rict 7 City Repr	resenta			
	ΑΤΤ	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NE	EDED			

#### SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment The Instruction Guide explains how to complete this form.							
<b>1</b> Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
5 4 Date	Mr. Aaron J. Montes						
10/26/2020	Sol Martinez						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
40	618 Stewart Ct., El Paso, TX, 79	902					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages	dule) (b) Description Polls					
	(c) Check if travel outside of Texas. Complete Schedu	Ile T. Check if Aust	in, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought District 7 City Repr	Office held				
Date	Payee name						
10/29/2020	Airport Printing Service						
Amount (\$)	Payee address;	City;	State; Zip Code				
605.8	7 Leigh Fisher Blvd, El Paso, TX	, 79906					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schede Advertising Expense	ule) Description Mail					
	Check if travel outside of Texas. Complete Schedu	Ile T. Check if Aust	in, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OI	<sup>+</sup> Aaron J. Montes	District 7 City Rep	resenta				
Date	Payee name						
11/03/2020	Facebook						
Amount (\$)	Payee address;	City;	State; Zip Code				
29.98	1 Hacker Way, Menlo Park, CA,	94025					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertising Expense	Ads					
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	<sup>1</sup> Aaron J. Montes	District 7 City Repr	resenta				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

#### SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Offi Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.		
<b>1</b> Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
5	Mr. Aaron J. Montes			
4 Date	5 Payee name			
11/03/2020	Ramon Hinojos	O'thur	Charles Zie Carde	
6 Amount (\$) 150	<ul> <li>Payee address;</li> <li>6 Half Moon Dr, El Paso, TX, 799</li> </ul>	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages	ule) (b) Description Polls		
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Aaron J. Montes	Office sought District 7 City Rep	Office held resent:	
Date	Payee name			
11/05/2020	Ramon Hinojos			
Amount (\$)	Payee address;	City;	State; Zip Code	
120	6 Half Moon Dr, El Paso, TX, 799	915		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Salaries/Wages	Polls		
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	<sup>⊣</sup> Aaron J. Montes	District 7 City Rep	resent	
Date 11/06/2020	Victor Diaz			
Amount (\$)	Payee address;	City;	State; Zip Code	
		-		
150	550 E. McKellips Rd, Mesa, AZ, 8	35203		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertising Expense	Description Design		
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	Aaron J. Montes	District 7 City Repr	resenta	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees O Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pr	ban Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
<b>1</b> Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	Mr. Aaron J. Montes		
4 Date	5 Payee name		
11/08/2020 6 Amount (\$)	Michael Apodaca 7 Payee address;	City	State; Zip Code
2000	3323 Sacramento, El Paso, TX 7	City; 79930	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Consulting Expense	(b) Description Strategy	
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Aaron J. Montes	Office sought District 7 City Repr	Office held resent:
Date	Payee name		
11/08/2020	Victor Diaz		
Amount (\$)	Payee address;	City;	State; Zip Code
175	550 E. McKellips Rd, Mesa, AZ,	85203	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising Expense	dule) Description Design	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>+</sup> Aaron J. Montes	District 7 City Rep	resenta
Date	Payee name		
11/24/2020	Katie Taylor		
Amount (\$)	Payee address;	City;	State; Zip Code
60	700 Mundy, El Paso, TX, 79902		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Salaries/Wages	Hule) Description Polls	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Aaron J. Montes	District 7 City Repr	resenta
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

#### SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate//Officeholder/Politica	Fees         O           Food/Beverage Expense         P           y         Gift/Awards/Memorials Expense         P	oan Repayment/Reimbursement lffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
<b>1</b> Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
5	Mr. Aaron J. Montes		
4 Date 11/24/2020	5 Payee name Sol Martinez		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
60	618 Stewart Ct., El Paso, TX, 79	-	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages	edule) (b) Description Polls	
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought District 7 City Repr	Office held
Date	Payee name		
11/25/2020	Alexsandra Annello Campaign		
Amount (\$)	Payee address;	City;	State; Zip Code
1400	4114 Oxford Ave., El Paso, TX,	79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schee Candidate	dule) Description	
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Aaron J. Montes	District 7 City Repr	resenta
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schee	dule) Description	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

UNPAID INC	URRED OBLIGATIONS	SCHEDULE F2
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
<b>1</b> Total pages Schedule F2:	2 FILER NAME	Other (enter a category not listed above)     3       3     Filer ID (Ethics Commission Filers)       \$
0	Mr. Aaron J. Montes	
4 TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Au	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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/OF	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

		1 Total pages Schedule F3:
TI	he Instruction Guide explains how to complete this form.	0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr. Aaron J.	Montes	
4 Date	5 Name of person from whom investment is purchased	
	<b>6</b> Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; C	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

EXPENDITU	JRES MADE BY CREDI	r card	SCHEDULE F4
	EXPENDITURE CATEGORIE	ES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie	Fees Office Food/Beverage Expense Pollir By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement o Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor 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 Mr. Aaron J. Montes		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	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	Political No	on-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule (c) Check if travel outside of Texas. Complete Schedule		ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date	Candidate / Officeholder name	Office sought	Office held
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political No	on-Political	
PURPOSE OF	Category (See Categories listed at the top of this schedu	le) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	eT. Check if A	ustin, 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 TH	IS SCHEDULE AS NE	EDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE ${f G}$

<b>E CATEGORIES</b>	

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedule G: 0		2 FILER NAME 3 Filer ID (Ethics Comm Mr. Aaron J. Montes					
4 Date	5 Payee n	ame			1		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this sche	iedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Scheo	dule T.	Check if Austi	n, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate / Officeholder name	C	Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this sch		Description			
		Check if travel outside of Texas. Complete Scher			in, TX, officeholder living e	-	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		idate / Officeholder name	C	Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this scho	iedule)	Description			
		Check if travel outside of Texas. Complete Sched	edule T.	Check if Aust	in, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate / Officeholder name	C	Office sought		Office held	
	AT	ACH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEE	DED		

	MADE FROM POLITICAL	F C/OH	SCHEDULE H
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees     Office 0       Food/Beverage Expense     Polling       By     Gift/Awards/Memorials Expense     Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s:Wages/Contract Labor o 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 H:	<sup>2</sup> FILER NAME Mr. Aaron J. Montes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	<b>7</b> Business address;	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 Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> 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	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
LAI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

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## SCHEDULE |

Total pages Schedule I	<b>2</b> FILER NAME		3 Filer ID (Ethics C	ommission Filers)
	Mr. Aaron J. Montes			
Date	5 Payee name		1	
Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (Sea required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions regarding type o	f information

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

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Scher	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
Mr. Aaron J.	Montes		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	<b>6</b> 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		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta		
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

The Instru	uction Guide	explains h	ow to complete	this form.	1 Total pages Schedule T: 0
<sup>2</sup> FILER NAME Mr. Aaron J. Mon	tes				3 Filer ID (Ethics Commission Filers)
4 Name of Contributor /		or Labor Org	anization / Pledgo	r / Payee	
<ul> <li>5 Contribution / Expend</li> <li>Schedule A2</li> <li>Schedule F2</li> <li>6 Dates of travel</li> </ul>	Sche	edule B [ edule F4 [ f person(s) tra	Schedule B(J) Schedule G aveling ne of departure loc	Schedule H	2 Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
10 Maana of transportat		-	me of destination		o cominger or other event)
<b>10</b> Means of transportati	ion	II Purpose	of travel (includin	g name of conferenc	e, seminar, or other event)
Name of Contributor /	<sup>/</sup> Corporation	or Labor Org	anization / Pledgo	r / Payee	
Contribution / Expend	Sche	l on: edule B [ edule F4 [	Schedule B(J)	Schedule C2	2       Schedule D       Schedule F1         Schedule COH-UC       Schedule B-SS
Dates of travel		f person(s) tra	aveling ne of departure loc	cation	
	Destinat	ion city or na	ame of destination	location	
Means of transportat	ion	Purpose	e of travel (includin	g name of conferenc	e, seminar, or other event)
Name of Contributor /	Corporation	or Labor Org	anization / Pledgo	r / Payee	
Contribution / Expend	liture reported	l on:			
Schedule A2	Schedu		Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s) tr	aveling		
	Departu	re city or nam	ne of departure loc	ation	
	Destinat	ion city or na	me of destination	location	
Means of transportat	ion	Purpose	e of travel (includin	g name of conferenc	e, seminar, or other event)
	A	TTACH ADD	DITIONAL COPIE	S OF THIS SCHED	ULE AS NEEDED

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

C/OH	NAME	2 Filer ID (Ethics Commission Filers)
lr. Aa	ron J. Montes	
SIGN/	ATURE	!
ing a re	ot expect any further political contributions or political expenditures report as a final report terminates my campaign treasurer appoint butions or make any campaign expenditures without a campaign t	tment. I also understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Cher	ck only one:	
	I do not have unexpended contributions or unexpended interes	est or income earned from political contributions.
	may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual r unexpended contributions or unexpended interest or income early and the set of the	ncome earned from political contributions. I understand that I bended interest or income earned on political contributions to report of unexpended contributions and that I may not retain barned on political contributions longer than six years after filing unexpended political contributions and unexpended interest or he requirements of Election Code, § 254.204.
В.	ASSETS	
Cheo	ck only one:	
	I do not retain assets purchased with political contributions or	interest or other income from political contributions.
		erest or other income from political contributions. I understand utions or interest or other income from political contributions to s purchased with political contributions in accordance with the
		Signature of Candidate
	CEHOLDER	
•• Cor	mplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable	
	file. I am also aware that I will be required to file reports of unexp officeholder, I retain political contributions, interest or other incom cal contributions or interest or other income from political contr	me from political contributions, or assets purchased with politi-