CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

The C	C/OH Instruction C	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00065967	ssion Filers)	 Total pages file 23 	
	ANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
	FICEHOLDER	The Honorable	Sergio				
11/-			-			Date Received	
						ELECTRONICA	LLY FILED
		NICKNAME	LAST		SUFFIX	01/15/2025	
			Munoz		Jr.		
4 C/	NDIDATE /	ADDRESS / PO BOX; APT		·V·	ZIP CODE	Date Hand-delivered or I	Date Postmarked
	FICEHOLDER		/ 30HE #, CH	Γ,	ZIF CODE		
	AILING	P.O. Box 1257				Receipt #	Amount
AL	DRESS						, unount
	Change of Address	Mission, TX 78573				Date Processed	
	-					Date 110003300	
						Date Imaged	
						Date imageu	
5 C/	AMPAIGN	MS / MRS / MR	FIRST		MI		
	REASURER				IVII		
NA	AME	Ms.	Marla				
		NICKNAME	LAST		SUFFIX		
			Munoz-Lopez				
	AMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
	REASURER	1110 S. Closner Blvd.					
	DRESS						
(Re	esidence or Business)	Ediaburg TV 70500					
		Edinburg, TX 78539					
7 C/	AMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TF	REASURER	(956) 381-5555					
PH	IONE	(000) 001 0000					
8 RE	EPORT						
	PE	X January 15	30th day before	election	Runoff	15th day after cam	naign treasurer
						appointment (office	eholder only)
		July 15	8th day before	election	Exceeded modified	Final Report (Attac	h C/OH-FR)
			_		reporting limit	-	
9 PE	RIOD	Month Day Year			Month Day	Year	
CC	DVERED	07/01/2024	TF	IROUGH	12/31/2024	4	
10 EL	ECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year		rimary	Runoff	Other	
		11/12/2024					
			X G	Seneral	Special		
11 OF	FICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
		State Representative Distr	rict 36 Hidalgo		State Representa	ative District 36	
 		1			I		
			601	O PAGE 2			
Forms	s provided by Te	xas Ethics Commission	www.et	hics.state.tx.us	S	Versio	n V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 23

13 C / OH NAME	Munoz Jr., Sergio (Th	e Honorable)	14 Filer ID (E 00065967	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	he candidate's or officel	mmittees to support the nolder's knowledge or ice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,000.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 21,589.66
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 278,896.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 158,269.05
17 AFFIDAVIT	•			•
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		The Honor	able Sergio Munoz J	r.
		Signature of	Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	/ersion V4.1.0.5dd2ace2

S		DRM C/OH HEET PG 3 3 of 23			
-	ER NAN noz Jr.	(Ethics Com	mission Filers)		
		E SUBTOTALS SCHEDULE	I	SUBTO	DTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	33,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	21,589.66
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/23	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Munoz Jr., S	Sergio (The Honorable)			00065967	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	12/12/2024	AGC of Texas PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78768				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/23/2024	Beef PAC - Texas Feeders Association				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Amerille TV 70106				
	Dringinal occu	Amarillo, TX 79106	Employor (Soo Instructions	$\overline{\Gamma}$		
	Principai occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00035006)	Γ	Amount of Contribution (\$)	
	10/15/2024	CHEVRON EMPLOYEES TEXAS PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		San Ramon, CA 94583		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
╞╴	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/07/2024	FORSHAGE, JOSEPH				\$1,000.00
		Contributor address; City; State; Zip Code				
		WESLACO, TX 78599		Ļ		
		ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
L	PRESIDENT		FOREMOST PAVING	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+= 00.00
	09/26/2024	GULF STATES TOYOTA, INC STATE PAC				\$500.00
		Contributor address; City; State; Zip Code				
		HOUSTON, TX 77077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/23	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Munoz Jr., S	Sergio (The Honorable)	ļ		00065967	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	12/10/2024	HOMEPAC OF TEXAS-TEXAS ASSOCIATION	OF BUILDERS			\$500.00
		6 Contributor address; City; State; Zip Code				
		AUSTIN, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/18/2024	LEGACY 44 PAC	ļ			\$1,000.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78756				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ຼ ເ)		
L				<i>''</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	LINEBARGER GOOGAN BLAIR AND SAMPSO	N LLP			\$500.00
	Contributor address; City; State; Zip Code					
			ļ			
		AUSTIN, TX 78760				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>)	Γ	Amount of Contribution (\$)	
	10/23/2024	MCGUIRE WOODS FEDERAL PAC FUND				\$500.00
		Contributor address; City; State; Zip Code				
			ļ			
		RICHMOND, VA 23219-4030				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor))))	Γ	Amount of Contribution (\$)	
	08/22/2024	NRG ENERGY PAC				\$2,000.00
	Contributor address; City; State; Zip Code					
		PRINCETON, NJ 08540				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
	Fillopu ooca			ッ		
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/23	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
Munoz Jr., S	ergio (The Honorable)		00065967	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/01/2024	ONCOR TEXAS STATE PAC			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	DALLAS, TX 75202-1234			
8 Principal occu	· · ·	9 Employer (See Instructions)	;)	
			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/23/2024	PEBLEY, TREY			\$1,000.00
	Contributor address; City; State; Zip Code			
	MCALLEN, TX 78504			
	pation / Job title (See Instructions)	Employer (See Instructions))	
CHIEF ADM	INISTRATIVE OFFICER	FOREMOST PAVING		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/13/2024	RAMIREZ, RENE			\$1,500.00
	Contributor address; City; State; Zip Code			
	MCALLEN, TX 78504			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
LOBBYIST		SELF		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/09/2024	RED ROCK TEXAS			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	•)	
г шора осса)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/18/2024	TEXAS AGRICULTURAL CO-OP PAC	,		\$500.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78664			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	.)	
	1	l		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/6 Rpt: 7/23 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Munoz Jr., Sergio (The Honorable) 00065967 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/26/2024 TEXAS APARTMENT ASSOCIATION PAC \$750.00 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor 10/05/2024 \$500.00 TEXAS ASSOCIATION OF PAWN BROKERS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 10/23/2024 TEXAS AUTOMOBILE DEALERS ASSOCIATION PAC \$1,000.00 Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2024 **TEXAS BUILDING BRANCH - AGC** \$1,000.00 Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) \$1,000.00 08/15/2024 TEXAS CHIROPRACTIC ASS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/23	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Sergio (The Honorable)		-	00065967	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/25/2024	TEXAS LAND TITLE ASSOCIATION PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		AUSTIN, TX 78703				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
				_		
	Date)		Amount of Contribution (\$)	
	09/02/2024	TEXAS OPTOMETRIC PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/03/2024	TEXAS PODIATRIC MEDICAL ASSOC PAC				\$500.00
	Contributor address; City; State; Zip Code					
		Austin, TX 78701	<u> </u>	Ļ		
	Principai occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	TEXAS PRODUCE ASSOCIATION TEX-PAC				\$750.00
		Contributor address; City; State; Zip Code				
		Mission, TX 78572				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	10/01/2024		/			\$4,000.00
	10,0	Contributor address; City; State; Zip Code				*
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/23	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Munoz Jr., S	ergio (The Honorable)			00065967	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/19/2024	TEXAS TRIAL LAWYERS ASSOCIATION PAC				\$2,500.00
		6 Contributor address; City; State; Zip Code		1		
		AUSTIN, TX 78767				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/24/2024	TEXAS TRIAL LAWYERS ASSOCIATION PAC			.,	\$2,500.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78767				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024 TREPAC-TEXAS ASSOCIATION OF REALTORS PAC					\$2,500.00
	Contributor address; City; State; Zip Code					
		AUSTIN, TX 78768				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	i inicipal cood			-,		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/18/2024	Texas State Teachers Association PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	ISE Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 1/14 Rpt: 10/23	Munoz Jr., Sergio (The Honorable)	00065967			
4	Date 07/07/2024	Payee name AMZN				
6	Amount (\$) \$43.24	Payee address; City; State; Zip Code 410 Terry Ave N. Seattle, TX 98109				
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Expense Office Expense					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/20/2024	AMZN				
	Amount (\$) \$485.92	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109				
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/10/2024	AMZN				
	Amount (\$) \$71.24	Payee address;City;State;Zip Code410 Terry Ave N				
		Seattle, WA 98109				
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:	· · · · · ·	Filer ID (Ethics Commission Filers)			
-	Sch: 2/14 Rpt: 11/23	Munoz Jr., Sergio (The Honorable)	00065967			
4	Date 07/24/2024	5 Payee name AMZN				
6	Amount (\$) \$141.72	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109				
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/23/2024	AMZN				
	Amount (\$) \$253.15	Payee address; City; State; Zip Code 410 Terry Ave N				
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense Ə			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/13/2024	ANGELS OF LOVE				
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1305 E. Nolana Ave.				
		McAllen, TX 78503				
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	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 explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 12/23		Munoz Jr., Sergio (The Honorable)				00065967
4	Date	5	Payee name				
	08/12/2024		GARZA, LUCIANO				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$250.00		3515 Pecan Grove Ave.				
			Weslaco, TX 78599				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made By	,		outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee		, TX	, officeholder living expense
					Donation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held
_	Date		Payee name				
	12/03/2024		GARZA, LUCIANO				
_				7: 0	1-		
	Amount (\$)			Zip Co	le		
	\$300.00		3515 Pecan Grove Ave.				
			Weslaco, TX 78599				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittoo			ide of Texas. Complete Schedule T. , officeholder living expense
				lilee	Donation	,	,
	Complete ONLY if direct	(Candidate/Officeholder name O	office sou	jht		Office held
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	07/20/2024		HEB 448				
-	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$127.33		1840 West Palm Vista Drive	•			
			Palmview, TX 78573				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	,			ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Office Expen	se	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held
		-					

				EXPENDI	TURE CATEGO	ORIES FOF	R BC	DX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				d/Rental Expense e e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
Ļ		-			n Guide explain	S how to co	mpie	etë this form.	-			
1	Total pages Schedule F1: Sch: 4/14 Rpt: 13/23			: Sergio (The	Honorable)				3	Filer ID 00065967	(Ethics Commission	Filers)
4	Date	5	Payee name									
	09/17/2024		HEB 448									
6	Amount (\$) \$204.06		Payee addre 1840 West Palmview, ⁻	Palm Vista [e; Zip Co	de					
8	PURPOSE OF EXPENDITURE			ee Categories liste head/Rental	d at the top of this so Expense	chedule)	(b)	Description	outsid	de of Texas. Com	plete Schedule T.	
	EAPENDITORE							Check if Austin Office Expense		officeholder living	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder nam	е	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/27/2024		HEB 448									
	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	de					
	\$295.29		1840 West Palmview, ⁻	Palm Vista [Drive							
	DUDDOOF	<u> </u>					(1-)					
	PURPOSE OF EXPENDITURE			ee Categories liste head/Rental	d at the top of this so Expense	chedule)	(D)		, TX,	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder nam	е	Office sou	ght			Office he	eld	
	Date		Payee name									
	10/24/2024		HEB 448									
	Amount (\$) \$439.87		Payee addre 1840 West	ss; City; Palm Vista [e; Zip Co	de					
			Palmview, ⁻	TX 78573								
	PURPOSE OF EXPENDITURE			ee Categories liste head/Rental	ed at the top of this se Expense	chedule)	(b)		, TX,	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nam	e	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Event Expense Fees Food/Beverage Gift/Awards/Me nmittee Legal Services The Instruct	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 F1:	2					3	Filer ID (Ethics Commission Filers)	<u> </u>
1	Sch: 5/14 Rpt: 14/23		Munoz Jr., Sergio (The	e Honorable)				00065967	
4	Date	5	Payee name						
	11/19/2024		HEB 448						
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е			
	\$183.63		1840 West Palm Vista	Drive					
			Palmview, TX 78573						
_	DUDDOCE	<u> </u>							
8	PURPOSE OF	(a)	Category (See Categories lis		edule)	b) Description	outoi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Renta	al Expense				, officeholder living expense	
						Office Expen		,	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder na	me C	Office soug	ht		Office held	
_	Date		Payee name						—
	12/26/2024		HEB 448						
				_					
	Amount (\$)		Payee address; City;		Zip Cod	е			
	\$76.86		1840 West Palm Vista	Drive					
			Palmview, TX 78573						
	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sche	edule) (b) Description			
	OF EXPENDITURE		Office Overhead/Renta	al Expense				ide of Texas. Complete Schedule T.	
	-							, officeholder living expense	
						Office Expen	se		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office soug	ht		Office held	
		_							
	Date		Payee name						
	12/26/2024		HEB 448						
	Amount (\$)		Payee address; City;	State;	Zip Cod	е			
	\$289.69		1840 West Palm Vista	Drive					
			Palmview, TX 78573						
	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	edule) (b) Description			
	OF		Office Overhead/Renta		,	Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE			·		Check if Austir	n, TX,	, officeholder living expense	
						Office Expen	se		
	Complete ONLY if direct		andidate/Officeholder na	me C	Office soug	ht		Office held	
	expenditure to benefit C/OI	Н							
-									—

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)				
	Sch: 6/14 Rpt: 15/23	Munoz Jr., Sergio (The Honorable)	00065967				
4	Date 12/02/2024	5 Payee name IBC					
6	Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 400 S. CLOSNER BLVD. EDINBURG, TX 78539					
8	PURPOSE OF EXPENDITURE	Accounting/Banking					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date 12/23/2024	Payee name IBC					
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 400 S. CLOSNER BLVD. EDINBURG, TX 78539					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date 12/23/2024	Payee name IBC					
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 400 S. CLOSNER BLVD.					
		EDINBURG, TX 78539					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Re Fees Office Overhead/Rer Food/Beverage Expense Polling Expense Gilf/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete th	ttal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/14 Rpt: 16/23	Munoz Jr., Sergio (The Honorable)	00065967					
4	Date 10/25/2024	Payee name KofC Mercedes						
6	Amount (\$) \$350.00	Payee address; City; State; Zip Code 1443 S. Vernmont Mercedes, TX 78570						
8	PURPOSE OF EXPENDITURE	OF Advertising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/04/2024	MEXICAN AMERICAN LEGISLATIVE CAUCUS						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,500.00	202 W 13TH ST AUSTIN, TX 78701						
	PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense embership Fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/13/2024	MISSION TEACHERS CLASSROOM ASSOCIATION						
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1201 BRYCE						
		MISSION, TX 78572						
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 8/14 Rpt: 17/23	Munoz Jr., Sergio (The Honorable)	00065967					
4	Date 07/01/2024	Payee name MUNOZ Jr., SERGIO						
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1001 N. CONWAY AVE. MISSION, TX 78572						
8	PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/12/2024	MUNOZ Jr., SERGIO						
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1001 N. CONWAY AVE.						
		MISSION, TX 78572						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense nent					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/01/2024	MUNOZ Jr., SERGIO						
	Amount (\$) \$750.00	Payee address;City;State;Zip Code1001 N. CONWAY AVE.						
		MISSION, TX 78572						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense nent					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			- Gift/Awards/Memorials Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/14 Rpt: 18/23		Munoz Jr., Sergio (The Honorable)					00065967	
4	Date	5	Payee name						
	09/01/2024		MUNOZ Jr., SERGIO						
6	Amount (\$)	7	Payee address; City; Sta	ite; Zip C	ode				
	\$750.00		1001 N. CONWAY AVE.						
			MISSION, TX 78572						
8	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Loan Repayment/Reimbursement					de of Texas. Com officeholder living	plete Schedule T.
						Loan Repayn			J exhense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office he	eld
	Date		Payee name						
	10/18/2024		MUNOZ Jr., SERGIO						
	Amount (\$)	-	Payee address; City; Sta	te; Zip C	ode				
	\$1,250.00		1001 N. CONWAY AVE.	, <u>Lip</u> O	000				
	¢1,200.00								
			MISSION, TX 78572						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Loan Repayment/Reimbursement					de of Texas. Com officeholder living	plete Schedule T.
						Loan Repayn			Jexpense
						Louin Kepuyi	nen	it.	
	Complete ONLY if direct		andidate/Officeholder name	Office so	uaht			Office he	eld
	expenditure to benefit C/OF				5				
-	Date		Payee name						
	10/22/2024		MUNOZ Jr., SERGIO						
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode				
	\$1,250.00		1001 N. CONWAY AVE.	· •					
	. ,								
			MISSION, TX 78572						
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Loan Repayment/Reimbursement						plete Schedule T.
						Loan Repayn		officeholder living	j expense
						Louin Nepayi	nell		
	Complete ONL V if direct	Ľ	andidate/Officeholder name	Office so				Office he	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Once S0	uynt			Unice he	εiu
-									

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/14 Rpt: 19/23	Munoz Jr., Sergio (The Honorable)	00065967				
4	Date 11/15/2024	5 Payee name MUNOZ Jr., SERGIO					
6	Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 1001 N. CONWAY AVE. MISSION, TX 78572					
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Loan Repayment						
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/19/2024	MUNOZ Jr., SERGIO					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	1001 N. CONWAY AVE. MISSION, TX 78572					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/26/2024	MUNOZ Jr., SERGIO					
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1001 N. CONWAY AVE.					
		MISSION, TX 78572					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 11/14 Rpt: 20/23	Munoz Jr., Sergio (The Honorable)	00065967				
4	Date 12/02/2024	5 Payee name MUNOZ Jr., SERGIO					
6	Amount (\$) \$500.00	 Payee address; City; State; Zip Code 1001 N. CONWAY AVE. MISSION, TX 78572 					
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Loan Repayment						
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/10/2024	MUNOZ Jr., SERGIO					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	1001 N. CONWAY AVE. MISSION, TX 78572					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ient				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/27/2024	MUNOZ Jr., SERGIO					
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1001 N. CONWAY AVE.					
		MISSION, TX 78572					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I ent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 12/14 Rpt: 21/23	Munoz Jr., Sergio (The Honorable)	00065967					
4	Date 08/25/2024	5 Payee name PIONEER HS FOOTBALL						
6	Amount (\$) \$100.00	 Payee address; City; State; Zip Code 10001 N. Shary Mission, TX 78573 						
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/25/2024	PROGRESS TIMES						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1217 N. CONWAY						
	DUDDOGE	MISSION, TX 78572						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense I AD					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/20/2024	SALAZAR, GABRIEL						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1417 KENDALIA						
		SAN ANTONIO, TX 78524						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 13/14 Rpt: 22/23	Munoz Jr., Sergio (The Honorable)	00065967						
4	Date	Payee name							
	08/26/2024	TDCJ Manufacturing and Logistics							
6	Amount (\$)	Payee address; City; State; Zip Code							
-	\$441.66	P.O. Box 4013							
	+								
		HUNTSVILLE, TX 77342							
	PURPOSE								
8	OF	 A) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if transport of the control of	vel outside of Texas. Complete Schedule T.						
	EXPENDITURE		istin, TX, officeholder living expense						
		Donation c	of Rocker						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								
	Date	Payee name							
	12/19/2024	TEXAS CITRUS FIESTA							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$150.00	220 E 9TH ST							
		MISSION, TX 78572							
	DUDDOCE								
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description Constributions (Denotions Made Determined on the schedule)	vel outside of Texas. Complete Schedule T.						
	EXPENDITURE		Istin, TX, officeholder living expense						
		Sponsorsh	ip						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								
	Date	Payee name							
	12/19/2024	TEXAS CITRUS FIESTA							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$150.00	220 E 9TH ST							
		MISSION, TX 78572							
-	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF		vel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee	stin, TX, officeholder living expense						
		Sponsorsh	ip						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor				ense bor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
				The Instruction G	uide explains l	how to co	nplete this for	m.		
1	Total pages Schedule F1:	2	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 23/23		Munoz Jr	., Sergio (The Ho	norable)				00065967	
4	Date	5	Payee nan	ne				- I		
	12/04/2024			IOUSE DEMOCR	ATIC CAUC	US				
6	Amount (\$)	7	Payee add	lress; City;	Stato:	Zip Co	ha			
ľ			505 W 12		State,	Zip 00				
	\$1,500.00		502 VV 12	5151						
			AUSTIN,	TX 78701						
8	PURPOSE	(a)	Category	(See Categories listed at	the top of this sch	edule)	(b) Descripti	on		
	OF		Fees	(eee ealegenee holed at		ouuloj			side of Texas. Cor	nplete Schedule T.
	EXPENDITURE						Check i	if Austin, TX	K, officeholder livin	ng expense
							Member	rship Fe	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/C	Officeholder name	C	Office sou	ght		Office h	eld