CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	this form.	Filer ID (Ethics Commission File		2 Total pages file 20	
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable Se	ergio			Date Received	
					ELECTRONICA	I I Y EII ED
				0.15517	07/15/2025	
		\ST		SUFFIX	07/13/2023	
	MI	unoz		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE#; CITY;		ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1257				Receipt #	Amount
ADDRESS	Mission TV 70572				·	
Change of Address	Mission, TX 78573				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIR	RST		MI		
TREASURER NAME	Ms. Ma	arla				
	NICKNAME LA	ST		SUFFIX		
	Mu	ınoz-Lopez				
		·				
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	X PLEASE);	APT / SUI	TE#; CITY;	STA ⁻	TE; ZIP CODE
TREASURER	1110 S. Closner Blvd.	,,				,
ADDRESS						
(Residence or Business)	Edinburg, TX 78539					
7 CAMPAIGN	AREA CODE PHONE N	IUMBER EXT	TENSION			
TREASURER PHONE	(956) 381-5555					
8 REPORT						
TYPE	January 15	30th day before ele	ection Runoff		15th day after cam appointment (office	
	X July 15	8th day before elec	ction	ded modified	Final Report (Attac	
			reportin	ng limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	THRO	DUGH	06/30/2025	,	
10 ELECTION	ELECTION DATE			ECTION TYPE		
	Month Day Year	Prima	ary	Runoff	Other	
	11/12/2024	X Gene	eral	Special		
			_			
11 OFFICE	OFFICE HELD (if any)		12 O	FFICE SOUGHT (if known)	
	State Representative District 3	36	S	state Representa	tive District 36	
			•			
		00 ==	DA 05 0			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Munoz Jr., Sergio (Tr	e Honorable)	14 Filer ID (00065967	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH. ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC		\$ 21,484.09	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 257,411.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 150,769.05
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	
		The Hon	orable Sergio Munoz S	Jr.
		Signature of	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 20 8 FILER NAME Munoz Jr., Sergio (The Honorable) 0 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT

	19 Filer ID 00065967	(Ethics Commission Filers)
Munoz Jr., Sergio (The Honorable) 20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 21,484.09
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	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 CONTRIBUTION	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/17 Rpt: 4/20	Munoz Jr., Sergio (The Honorable) 00065967
4	Date	5 Payee name
	01/30/2025	7 ELEVEN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.25	1415 E University Dr
		EDINBURG, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVEL EXPENSE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	7 ELEVEN
H	Amount (\$)	Payee address; City; State; Zip Code
	\$78.62	1415 E University Dr
		EDINBURG, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TRAVEL EXPENSE
		THO WEE EXILENCE
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Data	
	Date	Payee name
	02/28/2025	7 ELEVEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	1415 E University Dr
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		TRAVEL EXPENSE
\vdash	Complete ONLY if divert	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
<u> </u>	•	
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/17 Rpt: 5/20	Munoz Jr., Sergio (The Honorable) 00065967
4	Date	5 Payee name
	01/07/2025	AMZN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.02	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	AMZN
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.68	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	AMZN
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.40	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
		OFFICE SOFF LIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

kpense Travel /ages/Contract Labor OTHE

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Sala The Instruction Guide explains how	-	es/Contract Labor OTHER (enter a category not listed above) lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 6/20	Munoz Jr., Sergio (The Honorable)		00065967
4	Date	5 Payee name		
	01/16/2025	AMZN		
6	Amount (\$)	7 Payee address; City; State; Zi	p Code	
	\$264.90	410 Terry Ave N		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) (b)) Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				OFFICE SUPPLIES
9	Complete ONLY if direct expenditure to benefit C/Ol		e sought	t Office held
	experientare to benefit 6/61			
	Date	Payee name		
	06/04/2025	AMZN		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$259.78	410 Terry Ave N		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) (b)) Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
				OFFICE SUFFLIES
	Complete ONLY if disent	Candidate/Officeholder name Office		Office held
	Complete ONLY if direct expenditure to benefit C/Ol		e sought	t Office held
	Date	Payee name		
	04/24/2025	AMZN		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$741.52	410 Terry Ave N		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) (b)) Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				OFFICE SUPPLIES
	Complete ONLY if direct		e sought	t Office held
L	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/W	pense ages/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
	Sch: 4/17 Rpt: 7/20	Munoz Jr., Sergio (The Honora	able)		00065967	
4	Date	Payee name				
	03/21/2025	B.L. Gray Middle School				
6	Amount (\$)	Payee address; City;	State; Zip Cod	de		
	\$200.00	4400 GLASSCOCK RD.				
		MISSION, TX 78572				
8	PURPOSE	a) Category (See Categories listed at the to	on of this schedule)	(b) Description		
	OF EXPENDITURE	Contributions/Donations Made	By	Check if travel of	outside of Texas. Com	
	ZAI ENDITORE	Candidate/Officeholder/Politica	al Committee	ш	, TX, officeholder living	expense
				Sponshorship	J	
9	Complete ONLY if direct	Candidate/Officeholder name	Office soug	nht	Office he	hld
Ĺ	expenditure to benefit C/O	Cardidate, Officeriolider Harrie	Omice sout		Office file	,,u
	Date	Payee name				
	01/14/2025	BEST BUY				
	Amount (\$)	Payee address; City;	State; Zip Cod	de		
	\$600.68	8012 N 10th St				
		McAllen, TX 78504				
	PURPOSE OF	a) Category (See Categories listed at the to		(b) Description		
	EXPENDITURE	Office Overhead/Rental Exper	ise	=	outside of Texas. Com , TX, officeholder living	
				OFFICE SUP		•
	Complete ONLY if direct	Candidate/Officeholder name	Office souç	jht	Office he	eld
L	expenditure to benefit C/O					
	Date	Payee name				
	04/15/2025	CAPITOL GIFT SHOP				
	Amount (\$)	Payee address; City;	State; Zip Cod	de		
	\$67.12	1100 S. CONGRESS AVE.				
		AUSTIN, TX 78704				
	PURPOSE	a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
	OF EXPENDITURE	Office Overhead/Rental Exper	ise	<u> </u>	outside of Texas. Com TX, officeholder living	
				SUPPLIES	, ra, unicendiaei iiving	evherige
				· - · - · - ·		
	Complete ONLY if direct	Candidate/Officeholder name	Office souç	ght	Office he	eld
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ	Tatal assess Oaks dula E4.	<u> </u>	
ľ	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
L	Sch: 5/17 Rpt: 8/20	Munoz Jr., Sergio (The Honorable)	00065967
4	Date	5 Payee name	
	03/31/2025	CIRCLE K	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$126.24	2406 E Expressway 83	
	, -		
		MICCION TV 70572	
L		MISSION, TX 78572	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Traver in District	s if travel outside of Texas. Complete Schedule T.
		,	if Austin, TX, officeholder living expense
		INAVE	LE LAF LINSE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit 6/01	''	
	Date	Payee name	
	04/02/2025	CIRCLE K	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.11	2406 E Expressway 83	
	401.11	2 100 2 Expressing of	
		MICCION TV 70570	
L		MISSION, TX 78572	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Traver in District	s if travel outside of Texas. Complete Schedule T.
		,	c if Austin, TX, officeholder living expense
		IRAVE	EL EXPENSE
L	0 1 0 0 1 1 1 1	2 51 10 5 11	000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	oxponentare to benefit eye.		
	Date	Payee name	
	04/28/2025	CWV Post 1065	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	901 N. Slabaugh Ave.	
		Microin TV 70F72	
L		Missoin, TX 78572	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	7 Advertising Expense	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
			RAM AD
		FROG	William Comments
⊢	Operation Of Walder	Overfields (Office balder marks	Office health
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	portation to bottom O/OI	··	
ĺ			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/17 Rpt: 9/20	Munoz Jr., Sergio (The Honorable)	00065967
4	Date	5 Payee name	
	01/17/2025	ENTERPRISE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$872.25	1217 E Expressway 83	
		Mission, TX 78572	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense CAR RENTAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/28/2025	ENTERPRISE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$387.02	1217 E Expressway 83	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			TRAVEL EXPENSE RENTAL
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/28/2025	ENTERPRISE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,674.16	1217 E Expressway 83	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense TRAVEL EXPENSE RENTAL
			THE CONTRACT OF THE CONTRACT O
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/17 Rpt: 10/20	Munoz Jr., Sergio (The Honorable)		00065967
4	Date	5 Payee name		1
	06/04/2025	ENTERPRISE		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$395.21	1217 E Expressway 83		
		Mission, TX 78572		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Travel Out of District	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				TRAVEL EXPENSE RENTAL
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	01/16/2025	EXPEDIA		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,163.04	1111 Expedia Group Way		
		Seattle, WA 98119		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense TRAVEL EXPENSE
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	01/17/2025	EXPEDIA		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$102.00	1111 Expedia Group Way		
	¥=====			
		Seattle, WA 98119		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out of District		Check if Austin, TX, officeholder living expense
				TRAVEL EXPENSE
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
L	expenditure to benefit C/OI	1	_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		e Polling Exp Expense Printing Ex			Travel in District Travel Out of Dis		
	Credit Card Payment	The Instruction Gu	ide explains how to co	mplete this form.				
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission File	rs)
	Sch: 8/17 Rpt: 11/20	Munoz Jr., Sergio (The Hono	orable)			00065967		
4	Date	5 Payee name			_			
	04/04/2025	EXXON 7 ELEVEN SA						
_			State: 7in Co	.do				
О	Amount (\$) \$36.50	7 Payee address; City;	State; Zip Co	oue				
	Φ30.30	11702 I-35 Frontage Rd						
		SAN ANTONIO, TX 78233						
8	PURPOSE	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description				
	OF EXPENDITURE	Travel Out of District				ide of Texas. Com		
	LXI ENDITORE					, officeholder living	j expense	
				TRAVEL EX	PE	NSE		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght		Office he	eld	
	experialture to benefit C/Oi	1						
	Date	Payee name						
	02/06/2025	EXXON TEX BEST						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$36.05	101 Nueces St						
		GEORGE WEST, TX 78022						
	DUDDO05			4.				
	PURPOSE OF	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description	outo	ide of Texas. Com	nloto Cahadula T	
	EXPENDITURE	Travel Out of District		_ <u></u>		, officeholder living		
				TRAVEL EX				
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht		Office he	eld	
	expenditure to benefit C/OH		200 000,	9		000		
	5.							
	Date	Payee name						
	02/26/2025	EXXON TEX BEST						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$60.67	101 Nueces St						
		GEORGE WEST, TX 78022						
	PURPOSE	(a) Category (See Categories listed at the	e ton of this schedule)	(b) Description				
	OF	Travel Out of District	0 (0) 01 (110 001104410)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					, officeholder living	j expense	
				TRAVEL EX	PE	NSE		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght		Office he	eld	
	expenditure to benefit C/O	1						
Eni	rms provided by Tayas F	thics Commission was	MAY othics state ty II	ıs			Version V// 1 0 f10	40f40

SCHEDULE F1

Advertising Expense E Accounting/Banking Consulting Expense E Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: Sch: 9/17 Rpt: 12/20 2 FILER NAME Munoz Jr., Sergio (The Honorable) 3 Filer ID (Ethics Control of the Property of the	Commission Filers)
Sch: 9/17 Rpt: 12/20 Munoz Jr., Sergio (The Honorable) 00065967 4 Date 04/21/2025 5 Payee name EXXON TEX BEST 6 Amount (\$) 7 Payee address; City; State; Zip Code	
04/21/2025 EXXON TEX BEST 6 Amount (\$) 7 Payee address; City; State; Zip Code	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
GEORGE WEST, TX 78022	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas Complete Sched	
Travel Out of District Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense TRAVEL EXPENSE	dule 1.
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
04/21/2025 EXXON TEX BEST	
Amount (\$) Payee address; City; State; Zip Code	
\$26.50 101 Nueces St	
GEORGE WEST, TX 78022	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule)	dule T.
Check if Austin, TX, officeholder living expense TRAVEL EXPENSE	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
04/21/2025 EXXON TEX BEST	
Amount (\$) Payee address; City; State; Zip Code	
\$79.17 101 Nueces St	
GEORGE WEST, TX 78022	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description	
Travel Out of District Check if travel outside of Texas. Complete Sched	aule T.
TRAVEL EXPENSE	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OUTER (orthogonal parts for parts)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee I	egal Services The Instruction Guide	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	Τ
	Sch: 10/17 Rpt: 13/20		ergio (The Honora	ıble)				00065967		
4	Date	5 Payee name								
	06/02/2025	EXXON TEX	BEST							
6	Amount (\$) \$40.41	7 Payee addres 101 Nueces GEORGE W		State; Zip Co	ode					
8	PURPOSE	(a) Category (See	e Categories listed at the top	o of this schedule)	(b)	Description				٦
	OF EXPENDITURE	Travel Out o		,			, TX,	de of Texas. Composition officeholder living		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	01/31/2025	EXXONMOE	BIL							
	Amount (\$) \$84.77	Payee addres 2206 N. COI	NWAY	State; Zip Co	ode					
		MISSION, T	X 78572							
	PURPOSE OF EXPENDITURE	(a) Category (Set Travel In Dis	Categories listed at the top	o of this schedule)	(b)	=	, TX,	de of Texas. Com _l officeholder living NSE		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	01/21/2025	HEB								
	Amount (\$) \$531.51	Payee addres 2409 E EXP	s; City; RESSWAY 83	State; Zip Co	ode					
		MISSION, T	X 78572							
	PURPOSE OF EXPENDITURE		e Categories listed at the top ead/Rental Expens		(b)	Check if Austin	, TX,	de of Texas. Composition officeholder living		,
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sou	ıght			Office he	eld	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 14/20	Munoz Jr., Sergio (The Honorable) 00065967
4	Date	5 Payee name
	04/29/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$223.07	2409 E EXPRESSWAY 83
		MISSION, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE FOOD & BEVERAGES
		OFFICE FOOD & BEVERAGES
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/14/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.44	2409 E EXPRESSWAY 83
		MISSION, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
		OTTICE 30TT EIE3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/24/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.49	1212 S. CLOSNER BLVD.
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/17 Rpt: 15/20	Munoz Jr., Sergio (The Honorable) 00065967
4	Date	5 Payee name
	02/03/2025	LOVES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.47	2645 I-37
		THREE RIVERS, TX 78071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVEL EXPENSE
		THAT ELL ENGL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	04/02/2025	Legislative Study Group
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,030.00	P.O. Box 12943
	Φ1,030.00	F.O. Box 12943
		A TV 70744
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MEMBERSHIP FEE
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
F	Date	Payee name
	03/12/2025	MISSION CISD
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1201 BRYCE
		MISSION, TX 78572
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Banner
L	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		alaries/Wa		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains hov	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 13/17 Rpt: 16/20		Munoz Jr., S	Sergio (The Hor	norable)					00065967		
4	Date	5	Payee name						_			
	01/03/2025		MUNOZ Jr.,	SERGIO								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$1,250.00		116 W. Tom	Landry								
				-								
			MISSION, T	X 78572								
8	PURPOSE	(a)				1	(h)	Description				
ľ	OF	(۵)		e Categories listed at t ment/Reimburs		ile)	(2)	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Loan Ropay	monurcombare	omone			Check if Austin	, TX,	officeholder livin	g expense	
								Loan Reimbu	ırse	ement		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	experioration benefit C/O											
	Date		Payee name									
	01/10/2025		MUNOZ Jr.,	SERGIO								
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Coc	de					
	\$2,500.00		116 W. Tom	Landry								
			MISSION, T	X 78572								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			ment/Reimburs		,		=			nplete Schedule T.	
	LAI LINDITORE							—		officeholder livin	g expense	
								Loan Reimbu	IISE	ement		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	poholder name	Offi	ce soug	,ht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	centituer frame	Oili	ce soug	JIIL			Office fi	eiu	
		_	_									
	Date		Payee name	CEDCIO								
	01/22/2025		MUNOZ Jr.,									
	Amount (\$)		Payee addres	•	State; Z	Zip Coc	de					
	\$2,500.00		116 W. Tom	Landry								
			MISSION, T	X 78572								
	PURPOSE OF	(a)		e Categories listed at t		ıle)	(b)	Description				
	EXPENDITURE		Loan Repay	ment/Reimburs	sement					de of Texas. Con , officeholder livin	nplete Schedule T.	
								Loan Reimbu			g expense	
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI						-					
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 17/20	Munoz Jr., Sergio (The Honorable) 00065967
4	Date	5 Payee name
	01/27/2025	MUNOZ Jr., SERGIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	116 W. Tom Landry
		MISSION, TX 78572
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan Reimbursement
		Loui rembulsement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/01/2025	MUNOZ Jr., SERGIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	116 W. Tom Landry
		MISSION, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan Reimbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/28/2025	MUNOZ Jr., SERGIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	116 W. Tom Landry
	φοσο.σσ	The first canaly
		MISSION, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	Ħ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	ΙΕ				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 15/17 Rpt: 18/20	Munoz Jr.,	Sergio (The Honora	able)				00065967		
4	Date	5 Payee name	e							
	01/08/2025	Mariano, L	oradel							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$100.00	515 Board	walk st.							
		Edinburg,	TX 78539							
8	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			므		ide of Texas. Com , officeholder living		
						Reimburseme			r experise	
9	Complete ONLY if direct		ficeholder name	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee nam	e							
	01/28/2025	Mariano, L	oradel							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$608.32	515 Board	walk st.							
		Edinburg,	TX 78539							
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			=		ide of Texas. Com		
						Food and Be		, officeholder living age Reimbu		
						. 000 0 20		a.go . too		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee nam	 e							
	03/21/2025	Sharyland	HS							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$200.00	1216 N. SI	HARY RD.							
		MISSION,	TX 78572							
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE		ons/Donations Made					ide of Texas. Com		
		Candidate	Officeholder/Politica	al Committee		BPA Sponsor		, officeholder living in	expense	
						Di A Oponisoi	. 511	.۲		
\vdash	Complete ONLY if direct	Candidate/Ot	ficeholder name	Office so	l ught			Office he	eld	
	expenditure to benefit C/OI				J -					
\vdash										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expens

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a contemp and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 16/17 Rpt: 19/20	2 FILER NAME Munoz Jr., Sergio (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065967
4	Date	5 Payee name
	01/08/2025	TDCJ Manufacturing and Logistics
6	Amount (\$) \$259.80	7 Payee address; City; State; Zip Code P.O. Box 4013 HUNTSVILLE, TX 77342
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rocker Chair Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2025	TEXAS CITRUS FIESTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	220 E 9TH ST
		MISSION, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parade Fee
		i didde i ce
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	05/20/2025	TREVINO'S DIGITAL
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	1313 Regiman Dr.
		San Juan, TX 78589
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		CAP & GOWIN DONATION
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form.

IΤ	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/17 Rpt: 20/20	Munoz Jr., Sergio (The Honorable)		00065967
4	Date	5 Payee name		•
	04/10/2025	VALLEY VIEW HS		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$200.00	600 Jackson Rd.		
L		Hidalgo, TX 78557		
8	PURPOSE OF		(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				BANNER
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	H		
F	Date	Payee name		
	03/12/2025	VMHS CHEER		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$300.00	700 E. 2 MILE		
		MISSION, TX 78574		
	PURPOSE	(a) Cotogon	/h)	Description
l		(a) Category (See Categories listed at the top of this schedule)	(n)	Description
	OF EXPENDITURE	Advertising Expense	(D)	Check if travel outside of Texas. Complete Schedule T.
	OF		(D)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF		(0)	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name Office sou		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE	Advertising Expense Candidate/Officeholder name Office sou		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
_	OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name Office sou		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Advertising Expense Candidate/Officeholder name Office sou		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Advertising Expense Candidate/Officeholder name Office source Payee name	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/14/2025	Advertising Expense Candidate/Officeholder name Office sour Payee name VMHS CHEER	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/14/2025 Amount (\$)	Candidate/Officeholder name H Payee name VMHS CHEER Payee address; City; State; Zip Co.	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/14/2025 Amount (\$)	Candidate/Officeholder name H Payee name VMHS CHEER Payee address; City; State; Zip Co.	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/14/2025 Amount (\$) \$300.00	Advertising Expense Candidate/Officeholder name Payee name VMHS CHEER Payee address; City; State; Zip Cor 700 E. 2 MILE MISSION, TX 78574	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/14/2025 Amount (\$) \$300.00	Advertising Expense Candidate/Officeholder name Payee name VMHS CHEER Payee address; City; State; Zip Cor 700 E. 2 MILE MISSION, TX 78574	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner Office held Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 04/14/2025 Amount (\$) \$300.00	Advertising Expense Candidate/Officeholder name Payee name VMHS CHEER Payee address; City; State; Zip Cor 700 E. 2 MILE MISSION, TX 78574 (a) Category (See Categories listed at the top of this schedule)	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 04/14/2025 Amount (\$) \$300.00	Advertising Expense Candidate/Officeholder name Payee name VMHS CHEER Payee address; City; State; Zip Cor 700 E. 2 MILE MISSION, TX 78574 (a) Category (See Categories listed at the top of this schedule)	ght	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner Office held Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 04/14/2025 Amount (\$) \$300.00	Candidate/Officeholder name Candidate/Officeholder name Office south Payee name VMHS CHEER Payee address; City; State; Zip Cor 700 E. 2 MILE MISSION, TX 78574 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	ght de	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/14/2025 Amount (\$) \$300.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name VMHS CHEER Payee address; City; State; Zip Cor 700 E. 2 MILE MISSION, TX 78574 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	ght de	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PROGRAM AD
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 04/14/2025 Amount (\$) \$300.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name VMHS CHEER Payee address; City; State; Zip Cor 700 E. 2 MILE MISSION, TX 78574 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sough	ght de	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PROGRAM AD