

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

ORIGINAL

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Jaime</i>	MI <i>J.</i>
	NICKNAME	LAST <i>Munoz</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>PO Box 47, San Juan, TX 78589</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(956)</i>	PHONE NUMBER <i>781 5444</i>	EXTENSION
	OFFICE USE ONLY		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Sylvia</i>	MI <i>Angie</i>
	NICKNAME	LAST <i>Ramirez</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>PO Box 47 San Juan Texas 78589</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(956)</i>	PHONE NUMBER <i>488-0808</i>	EXTENSION
	9 REPORT TYPE		
10 PERIOD COVERED	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
	Month Day Year <i>01 / 16 / 2014</i> THROUGH <i>02 / 24 / 14</i>		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <i>N/A</i>		13 OFFICE SOUGHT (if known) <i>Justice of the Peace, Pct 2 A2</i>
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Jaime Jerry Muñoz</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <div style="font-size: 2em; color: blue; text-align: center;">N/A</div> <input type="checkbox"/> additional pages	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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS

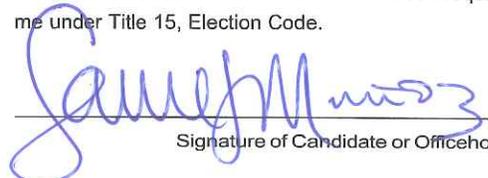
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,750.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,450.⁸⁶</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,500.⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jaime Jerry Muñoz, this the 24th day of February, 20 14, to certify which, witness my hand and seal of office.

Miriam Mustaffa
Signature of officer administering oath

Miriam Mustaffa
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jaime Jerry Munoz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/20/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>San Juan Funeral Home</i>	7 Amount of contribution (\$) <i>250.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>San Juan, Texas 78589</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Funeral Home</i>		10 Employer (See Instructions)	
Date <i>2/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>San Juan Funeral Home</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>San Juan, TX 78589</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Funeral Home</i>		Employer (See Instructions)	
Date <i>2/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jones</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Houston, Texas</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions)	
Date <i>2/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Rayfield</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>McAllen, TX 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Jaime Jerry Munoz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>1-21-14</i>	5 Payee name <i>Correa Printing</i>
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6 Amount (\$) <i>\$1120.86</i>	7 Payee address; City; State; Zip Code <i>San Juan, TX 78589</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jaime Jerry Munoz</i>	Office sought <i>JP, Pct 2, P2</i>	Office held <i>N/A</i>
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Date <i>1-17-14</i>	Payee name <i>Jelena Medrano</i>
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Amount (\$) <i>\$2600.⁰⁰</i>	Payee address; City; State; Zip Code <i>Pharr, TX 78577</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Management</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jaime Jerry Munoz</i>	Office sought <i>JP, Pct 2 P12</i>	Office held <i>N/A</i>
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Date <i>1-17-14</i>	Payee name <i>Angels of Love</i>
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Amount (\$) <i>630.⁰⁰</i>	Payee address; City; State; Zip Code <i>McAllen, TX 78501</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sponsorship</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jaime J. Munoz</i>	Office sought <i>JP Pct 2 A2</i>	Office held <i>N/A</i>
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Date <i>1-17-14</i>	Payee name <i>Efrain Barrajas</i>
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Amount (\$) <i>400.⁰⁰</i>	Payee address; City; State; Zip Code <i>McAllen TX 78501</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>labor</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jaime J. Munoz</i>	Office sought <i>JP Pct 2 P2</i>	Office held <i>N/A</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Jaime Jerry Manoz</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/29/14</i>	5 Payee name <i>Danny Lira</i>	
6 Amount (\$) <i>4,800.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Pharr, Texas 78577</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Labor</i>
Date <i>2/24/14</i>	Payee name <i>Selena Medrano</i>	
Amount (\$) <i>5,000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Pharr, TX 78577</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>Labor</i>
Date <i>2/15/14</i>	Payee name <i>Upper Valley Mail</i>	
Amount (\$) <i>2550.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>NoAllen TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>advertising</i>
Date <i>2/15/14</i>	Payee name <i>Sergio Cortez</i>	
Amount (\$) <i>800.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Pharr, TX 78577</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>labor</i>

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