



# TEXAS ETHICS COMMISSION AFFIDAVIT

Complete this affidavit if you are raising a defense to late filing.

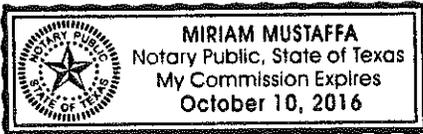
| OFFICE USE ONLY |                             |
|-----------------|-----------------------------|
| Date Received   | RECEIVED FEB 26 2014<br>a.p |
| HD / PM         |                             |
| Date Processed  |                             |
| Date Imaged     |                             |

|  |           |
|--|-----------|
| Filer Name<br><i>Jaime Jerry Muñoz</i> | Account # |
|--|-----------|

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct.

Unfortunately, I did not calendar the February 3, 2014 deadline regarding the campaign finance report. This is my first political campaign and, therefore, I am not familiar with the process. However, I am filing the report on the day I was made aware of my mistake.

*Jaime Muñoz*  
Signature of Filer



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jaime Jerry Muñoz this the 26<sup>th</sup> 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

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|   |   |  |                             |
|---|---|--|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                      |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)   | <b>2 Total pages filed:</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: <u>Mr.</u> FIRST: <u>Jaime</u> MI: <u>J</u><br>NICKNAME: _____      LAST: <u>Muñoz</u> SUFFIX: _____   | <b>OFFICE USE ONLY</b><br>Date Received:<br><div style="font-size: 1.2em; font-weight: bold; text-align: center;">RECEIVED FEB 26 2014</div> <div style="font-size: 2em; font-weight: bold; text-align: center; margin-top: 10px;">a.p</div> Date Hand-delivered or Postmarked:<br>Receipt #      Amount:<br>Date Processed:<br>Date Imaged: |                             |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><u>P.O. Box 47 San Juan, TX</u><br><u>78589</u>   |  |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><u>(956)</u> <u>781-5444</u>  |  |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: _____      FIRST: <u>Sylvia</u> MI: <u>Ange</u><br>NICKNAME: _____      LAST: <u>Ramirez</u> SUFFIX: _____   |  |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                      | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><u>P.O. Box 47 San Juan TX 78589</u>   |  |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><u>(956)</u> <u>488-0808</u>  |  |                             |
| <b>9 REPORT TYPE</b>  | <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)<br><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) |  |                             |
| <b>10 PERIOD COVERED</b>  | Month      Day      Year      THROUGH      Month      Day      Year<br><u>1 / 1 / 14</u> <u>1 / 23 / 14</u>   |  |                             |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><u>3 / 4 / 14</u>  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special   |                             |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><u>N/A</u>  | <b>13 OFFICE SOUGHT (if known)</b><br><u>Justice of the Peace</u><br><u>Pct 2, PL2</u>   |                             |
| <b>GO TO PAGE 2</b>   |   |  |                             |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

|              |   |
|--------------|---|
| 14 C/OH NAME | 15 ACCOUNT # (Ethics Commission Filers) |
|--------------|---|

|   |   |                |
|---|---|----------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S)<br><br>N/A<br><br><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. |                |
|   | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME |
|   | COMMITTEE ADDRESS   |                |
|   | COMMITTEE CAMPAIGN TREASURER NAME   |                |
| 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 | \$ 0                   |
| EXPENDITURE TOTALS      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0                   |
| CONTRIBUTION BALANCE    | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$                     |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES   | \$ 4,750 <sup>00</sup> |
|                         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 5950 <sup>00</sup>  |
|                         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0                   |

### 18 AFFIDAVIT



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.

*Jaime Jerry Muñoz*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jaime Jerry Muñoz, this the 26<sup>th</sup> day of February, 20 14, to certify which, witness my hand and seal of office.

*Miriam Mustaffa*      Miriam Mustaffa      Notary Public  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# 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.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule F: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|                          |  |
|--------------------------|--|
| <b>4</b> Date<br>1-17-14 | <b>5</b> Payee name<br>Efrain Barrajas |
|--------------------------|--|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$400 <sup>00</sup> | <b>7</b> Payee address; City; State; Zip Code<br>McAllen, TX 78501 |
|---|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Advertising | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Labor |
|---------------------------------|--|---|

|  |   |                                |                    |
|--|---|--------------------------------|--------------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Jaime J. Muñoz | Office sought<br>JP Pct. 2 PLZ | Office held<br>N/A |
|--|---|--------------------------------|--------------------|

|                        |                                     |
|------------------------|-------------------------------------|
| <b>Date</b><br>1-17-14 | <b>Payee name</b><br>Angels of Love |
|------------------------|-------------------------------------|

|   |  |
|---|--|
| <b>Amount (\$)</b><br>\$630 <sup>00</sup> | <b>Payee address; City; State; Zip Code</b><br>McAllen, TX 78501 |
|---|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See categories listed at the top of this schedule)<br>Advertising | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br>Sponsorship |
|-------------------------------|--|---|

|   |   |                                 |                    |
|---|---|---------------------------------|--------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Jaime J. Muñoz | Office sought<br>JP, Pct 2, PLZ | Office held<br>N/A |
|---|---|---------------------------------|--------------------|

|                        |                                     |
|------------------------|-------------------------------------|
| <b>Date</b><br>1-17-14 | <b>Payee name</b><br>Selina Medrano |
|------------------------|-------------------------------------|

|                               |   |
|-------------------------------|---|
| <b>Amount (\$)</b><br>\$2,600 | <b>Payee address; City; State; Zip Code</b><br><del>301</del> 1303 Pine Ave. Pharr TX 78577 |
|-------------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See categories listed at the top of this schedule)<br>Consulting Expense | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br>Mgt. |
|-------------------------------|---|--|

|   |  |                                 |             |
|---|--|---------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Jaime Jerry Muñoz | Office sought<br>JP, Pct 2, PLZ | Office held |
|---|--|---------------------------------|-------------|

|                        |                                      |
|------------------------|--------------------------------------|
| <b>Date</b><br>1-21-14 | <b>Payee name</b><br>Correa Printing |
|------------------------|--------------------------------------|

|                               |   |
|-------------------------------|---|
| <b>Amount (\$)</b><br>\$1,120 | <b>Payee address; City; State; Zip Code</b><br>San Juan, TX 78589 |
|-------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See categories listed at the top of this schedule)<br>Advertising | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br>Signs |
|-------------------------------|--|---|

|   |  |                                  |             |
|---|--|----------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Jaime Jerry Muñoz | Office sought<br>JP, Pct. 2, PLZ | Office held |
|---|--|----------------------------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

*Jaime J. Muñoz*

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Jaime Muñoz*  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*Jaime Muñoz*  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

*WJA*

|  |  |  |   |
|--|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A:                                 |   |
| <b>2</b> FILER NAME  |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                    |   |
| <b>4</b> Date  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>6</b> Contributor address; City; State; Zip Code | <b>7</b> Amount of contribution (\$)                             | <b>8</b> In-kind contribution description (if applicable) |
|  |  | <small>(If travel outside of Texas, complete Schedule T)</small> |   |
| <b>9</b> Principal occupation / Job title (See Instructions)     |  | <b>10</b> Employer (See Instructions)                            |   |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>Contributor address; City; State; Zip Code</b>     | <b>Amount of contribution (\$)</b>                               | <b>In-kind contribution description (if applicable)</b>   |
|  |  | <small>(If travel outside of Texas, complete Schedule T)</small> |   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                               |   |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>Contributor address; City; State; Zip Code</b>     | <b>Amount of contribution (\$)</b>                               | <b>In-kind contribution description (if applicable)</b>   |
|  |  | <small>(If travel outside of Texas, complete Schedule T)</small> |   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                               |   |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>Contributor address; City; State; Zip Code</b>     | <b>Amount of contribution (\$)</b>                               | <b>In-kind contribution description (if applicable)</b>   |
|  |  | <small>(If travel outside of Texas, complete Schedule T)</small> |   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                               |   |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>Contributor address; City; State; Zip Code</b>     | <b>Amount of contribution (\$)</b>                               | <b>In-kind contribution description (if applicable)</b>   |
|  |  | <small>(If travel outside of Texas, complete Schedule T)</small> |   |
| <b>Principal occupation / Job title (See Instructions)</b>       |  | <b>Employer (See Instructions)</b>                               |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.