

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	Jerry Muñoz		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year		
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)	13 OFFICE SOUGHT (if known)	
	N/A	Justice of the Peace Dist. 2, Prec. 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jaime Jerry Munoz 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

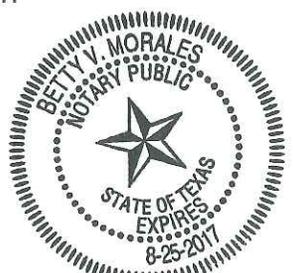
N/A

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,350.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>59,375.09</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,350.00</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.

Jaime J. Munoz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jaime J. Munoz, this the 15th day of JAN., 20 14, to certify which, witness my hand and seal of office.

B. Morales
Signature of officer administering oath

Betty V. Morales
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 J. Munoz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/3/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronnie Cruz</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1300 Northgate Lane McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ENGINEER</i>		10 Employer (See Instructions)	
Date <i>12/4/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Cruz Cantu</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1321 Marble St Pharr, TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Developer</i>		Employer (See Instructions)	
Date <i>12/4/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia M. Rivera</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 2266 San Juan, TX 78589</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>EDUCATOR</i>		Employer (See Instructions)	
Date <i>12/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cano</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9101 N. 23rd. McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Albert Luis Lopez</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13337 Borolo Dr. Edinburg, TX 78541</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>FINANCE</i>		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 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 T. Muñoz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/5/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Ramos</i>	7 Amount of contribution (\$) <i>200.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1508 Short Rd. San Juan, TX 78589</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>EDUCATOR</i>		10 Employer (See Instructions)	
Date <i>12/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MICHAEL D. SMITH</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5006 W. Chapin Rd. Edinburg, TX 78541</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>CONTRACTOR</i>		Employer (See Instructions)	
Date <i>12/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan M. Peña</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>308 W. Tulip Ave McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>12/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Saul D. Maldonado</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>801 E. Ferguson Ste. B Pharr, TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ENGINEER</i>		Employer (See Instructions)	
Date <i>12/10/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael D. Smith</i>	Amount of contribution (\$) <i>2,500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5006 W. Chapin Rd. Edinburg, TX 78541</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>CONTRACTOR</i>		Employer (See Instructions)	

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**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 J. Muñoz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/8/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amos Hernandez</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Physician</i>		10 Employer (See Instructions)	
Date <i>9/6/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angie Ramirez</i>	Amount of contribution (\$) <i>100⁰⁰</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>Doctor</i>		Employer (See Instructions)	
Date <i>9/7/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonia Muñoz</i>	Amount of contribution (\$) <i>100⁰⁰</i>	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) <i>Retired</i>		Employer (See Instructions)	
Date <i>9/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adam Muñoz III</i>	Amount of contribution (\$) <i>100⁰⁰</i>	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) <i>US GOVT</i>		Employer (See Instructions)	
Date <i>9/6/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Munoz</i>	Amount of contribution (\$) <i>100⁰⁰</i>	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) <i>US GOVT</i>		Employer (See Instructions)	

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**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 J. Muñoz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/7/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cory Ramirez</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>San Juan, TX 78589</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>9/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Ramirez</i>	Amount of contribution (\$) <i>100⁰⁰</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>Retired</i>		Employer (See Instructions)	
Date <i>9/19/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Navarro</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Pharr, TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. Cruz</i>	Amount of contribution (\$) <i>1,600</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Pharr TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cande Ontiveros</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Self</i>		Employer (See Instructions)	

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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 J. Muñoz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/5/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norman Jolly</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Houston, TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions)	
Date <i>9/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robie Flores</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Mississ TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>9/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor Daniac</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>McAllen TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Welder</i>		Employer (See Instructions)	
Date <i>9/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Orlando Rodriguez</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>RioGrandel City, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>9/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene Flores</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Mississ, TX 78572</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	

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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 J. Munoz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/3/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Cano</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Pharm, Tx 78577</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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
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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 J. Munoz</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>11/12/13</i>	5 Payee name <i>ELISA CANTU</i>	
6 Amount (\$) <i>400.⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>San Juan TX. 78589</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T)
Date <i>11/9/13</i>	Payee name <i>HIDALGO Co. DEMOCRATIC PARTY</i>	
Amount (\$) <i>\$1,000.⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>McColl Rd. McAllen, TX 78504</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Filing Fee</i>
Date <i>11/8/13</i>	Payee name <i>Embassy Suites</i>	
Amount (\$) <i>250.⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2nd St. McAllen, TX 78504</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expenses</i>	Description (If travel outside of Texas, complete Schedule T)
Date <i>10/31/13</i>	Payee name <i>Mr. Vics Trailers</i>	
Amount (\$) <i>\$3645.84</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>EDINBURG, TX 78539</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)

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 J. Muñoz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/30/13</i>	5 Payee name <i>Selina Medrano</i>
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>4175.00</i>	7 Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr, TX 78577</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)
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Date <i>10/30/13</i>	Payee name <i>Selina Medrano</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>3043.00</i>	Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr, TX 78577</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)
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Date <i>10/28/13</i>	Payee name <i>Advance News</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>2,500.00</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>Advertising</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>10/18/13</i>	Payee name <i>Selina Medrano</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>2,600.00</i>	Payee address; City; State; Zip Code <i>1303 Pine Ave Pharr TX 78577</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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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 J. Muñoz</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date <i>10/8/13</i>	5 Payee name <i>Selina Medrano</i>
--------------------------	---------------------------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$3685.⁸⁵</i>	7 Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr TX 78577</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)
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Date <i>9/30/13</i>	Payee name <i>Angels of Love</i>
------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>250.⁰⁰</i>	Payee address; City; State; Zip Code <i>McAllen, TX 78504</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution by Candidate</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>9/26/13</i>	Payee name <i>Martha Medrano</i>
------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>1454.⁰⁰</i>	Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr, TX 78577</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)
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Date <i>9/23/13</i>	Payee name <i>Olga Rodriguez</i>
------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>400.⁰⁰</i>	Payee address; City; State; Zip Code <i>Alamo, TX</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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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 J. Muñoz</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/23/13</i>	5 Payee name <i>Selina Medrano</i>	
6 Amount (\$) <i>2,600</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1303 Pine Ave Pharr, TX 78577</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T)
Date <i>9/23/13</i>	Payee name <i>Hidalgo Co. Democratic Party</i>	
Amount (\$) <i>200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>McAllen TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution by Candidate</i>	Description (If travel outside of Texas, complete Schedule T)
Date <i>9/23/13</i>	Payee name <i>Armentina Garcia</i>	
Amount (\$) <i>750.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Alamo, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Date <i>9/23/13</i>	Payee name <i>Maricela Garcia</i>	
Amount (\$) <i>750.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Alamo, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)

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 Jaime J. Muñoz 3 ACCOUNT # (Ethics Commission Filers)

4 Date 9/16/13 5 Payee name Tejas

6 Amount (\$) 1,770.00 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
Maco Dr. Pharr, TX 78577

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
Event Expense

Date 9/5/13 Payee name Sal's Vinyl Graphics

Amount (\$) 1,000 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
N. Expy. 281 Pharr, TX 78577

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Advertising

Date 9/4/13 Payee name Martha Medrano

Amount (\$) 610.53 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
1303 Pine Ave. Pharr, TX 78577

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Advertising

Date 9/4/13 Payee name Martha Medrano

Amount (\$) 118.49 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
1303 Pine Ave. Pharr, TX 78577

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Reimbursement

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 J. Muñoz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/03/13</i>	5 Payee name <i>McAllen Band Booster</i>
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6 Amount (\$) <i>1,000⁰⁰</i>	7 Payee address; City; State; Zip Code <i>McAllen, TX 78504</i>
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Reimbursement from political contributions intended

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)
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Date <i>8/30/13</i>	Payee name <i>Mr. Vic's Trailers</i>
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Amount (\$) <i>4,489¹⁸</i>	Payee address; City; State; Zip Code <i>Edinburg TX 78539</i>
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Reimbursement from political contributions intended

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)
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Date <i>8/26/13</i>	Payee name <i>Tony Saldana</i>
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Amount (\$) <i>550⁰⁰</i>	Payee address; City; State; Zip Code <i>San Juan, TX 78589</i>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>8/23/13</i>	Payee name <i>Tejano Democrats</i>
------------------------	---------------------------------------

Amount (\$) <i>500⁰⁰</i>	Payee address; City; State; Zip Code <i>San Juan, TX 78589</i>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution by Candidate</i>	Description (If travel outside of Texas, complete Schedule T)
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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 J. Muñoz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/22/13</i>	5 Payee name <i>Danny Lira</i>
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6 Amount (\$) <i>150⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Dharr TX 78577</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <i>8/20/13</i>	Payee name <i>Mr. Vic's</i>
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Amount (\$) <i>1,000⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Edinburg TX 78539</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)
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Date <i>8/20/13</i>	Payee name <i>Jeanie Garcia</i>
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Amount (\$) <i>500⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>San Juan TX 78589</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>8/20/13</i>	Payee name <i>Felipe Vega</i>
------------------------	----------------------------------

Amount (\$) <i>500⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>San Juan, TX 78589</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

8/20/13 Selina Medrano

6 Amount (\$) 7 Payee address; City; State; Zip Code

2,600⁰⁰
 Reimbursement from political contributions intended
1303 Pine Ave. Pharr TX 78577

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Contract Labor

Date Payee name

8/15/13 Caridad Murillo

Amount (\$) Payee address; City; State; Zip Code

500⁰⁰
 Reimbursement from political contributions intended
San Juan, TX 78589

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Contract Labor

Date Payee name

8/13/13 Danny Lira

Amount (\$) Payee address; City; State; Zip Code

300⁰⁰
 Reimbursement from political contributions intended
Pharr, TX 78577

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Contract Labor

Date Payee name

8/12/13 Bear Quarterback Club

Amount (\$) Payee address; City; State; Zip Code

350⁰⁰
 Reimbursement from political contributions intended
San Juan, TX 78589

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Advertising

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 J. Muñoz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/12/13</i>	5 Payee name <i>Southwest High School</i>
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6 Amount (\$) <i>275.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Pharr, TX 78577</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)
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Date <i>8/9/13</i>	Payee name <i>Christina Lira</i>
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Amount (\$) <i>1000.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	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>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>8/9/13</i>	Payee name <i>Danny Lira</i>
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Amount (\$) <i>1000.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	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>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>8/9/13</i>	Payee name <i>Selina Medrano</i>
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Amount (\$) <i>5412</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr, TX 78577</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)
------------------------	--	---

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 **Jaime J. Muñoz** **3** ACCOUNT # (Ethics Commission Filers)

4 Date **8/9/13** 5 Payee name **Mary Alvarado**

6 Amount (\$) **1700⁰⁰** 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
Helmer Dr. Pharr TX 78577

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Contract Labor** (b) Description (If travel outside of Texas, complete Schedule T)

Date **8/9/13** Payee name **Efrain Barrajas**

Amount (\$) **1,700⁰⁰** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
McAllen, TX 78501

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Contract Labor** Description (If travel outside of Texas, complete Schedule T)

Date **8/8/13** Payee name **PSJA North High School**

Amount (\$) **400⁰⁰** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
Earling Dr. Pharr, TX 78577

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Advertising** Description (If travel outside of Texas, complete Schedule T)

Date **8/5/13** Payee name **Hermila Garcia**

Amount (\$) **500⁰⁰** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
Pharr TX 78577

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Contract Labor** Description (If travel outside of Texas, complete Schedule T)

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 J. Muñoz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/5/13</i>	5 Payee name <i>Selina Medrano</i>
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>26500</i>	7 Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr TX 78577</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <i>7/30/13</i>	Payee name <i>Selina Medrano</i>
------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>4,581.00</i>	Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr TX 78577</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)
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Date <i>7/24/13</i>	Payee name <i>Selina Medrano</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>2,600</i>	Payee address; City; State; Zip Code <i>1303 Pine Ave. Pharr TX 78577</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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 Jerry 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.

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