

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Alfredo Muñoz 15 Filer ID (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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>2,900.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,140.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,738.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

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.

Alfredo Muñoz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alfredo Muñoz, this the 15th day of July, 2018, to certify which, witness my hand and seal of office.

MaryAlice Llanas
Signature of officer administering oath

MaryAlice Llanas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Alfredo Muñoz

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Angel Alvarez Mirande

6 Contributor address; City; State; Zip Code

2045 Westwood Rd. Lockhart, TX 78644

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Del Valle ISD

Date

3/3/18

Full name of contributor

out-of-state PAC (ID#: _____)

Fred Weber

Contributor address; City; State; Zip Code

P.O. Box 247 Lockhart, TX 78644

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

District Attorney

Employer (See Instructions)

Caldwell Co.

Date

3/3/18

Full name of contributor

out-of-state PAC (ID#: _____)

Janie Wright

Contributor address; City; State; Zip Code

400 San Jacinto Lockhart, TX 78644

Amount of contribution (\$)

225.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

—

Date

3/13/18

Full name of contributor

out-of-state PAC (ID#: _____)

Sylvia Zapata

Contributor address; City; State; Zip Code

525 Wichita St. Lockhart, 78644

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Alfredo Muñoz

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jamie L. Mathias

6 Contributor address;

City; State; Zip Code

1612 Garden St Austin, TX 78702

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

J. Powers

Date

4/30/18

Full name of contributor

out-of-state PAC (ID#: _____)

Lonnie Reyes

Contributor address;

City; State; Zip Code

575 Redtop Ln Red Rock, TX 78662

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/25/16

Full name of contributor

out-of-state PAC (ID#: _____)

Rhonda J Salinas

Contributor address;

City; State; Zip Code

1504 Fayette St. Bastrop, TX 78002

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Supervisor

Employer (See Instructions)

Travis Co. DA

Date

5/25/11

Full name of contributor

out-of-state PAC (ID#: _____)

Cynthia Gibeaux

Contributor address;

City; State; Zip Code

107 N. Main St, Ste C Lockhart, TX 78644

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Shop Owner

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Alfredo Muñoz

3 Filer ID (Ethics Commission Filers)

4 Date

5/24/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Andrea B. St Leger

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address;

City; State; Zip Code

205 N. Pecor St. Lockhart, TX 78644

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Self-Employed

Date

5/24/18

Full name of contributor

out-of-state PAC (ID#: _____)

Carla E. Steinbomer

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City; State; Zip Code

321 San Jacinto, Lockhart, TX 78644

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

—

Date

5/24/18

Full name of contributor

out-of-state PAC (ID#: _____)

Roxanne Riv

Amount of contribution (\$)

50.⁰⁰

Contributor address;

City; State; Zip Code

1203 Maple St. Lockhart, TX 78644

Principal occupation / Job title (See Instructions)

State Employee

Employer (See Instructions)

HHS

Date

5/24/18

Full name of contributor

out-of-state PAC (ID#: _____)

Wayne Walters

Amount of contribution (\$)

50.⁰⁰

Contributor address;

City; State; Zip Code

513 San Jacinto Lockhart, TX 78644

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Alfredo Muñoz

3 Filer ID (Ethics Commission Filers)

4 Date

5/24/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Ellen P. Massey

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

402 W. San Antonio, Lockhart, TX 78644

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5/24/18

Full name of contributor out-of-state PAC (ID#: _____)

Honnie Reyes

Amount of contribution (\$)

50.⁰⁰

Contributor address; City; State; Zip Code

515 Redtop Ln Red Rock, TX 78662

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/24/18

Full name of contributor out-of-state PAC (ID#: _____)

James P. Williams, Jr.

Amount of contribution (\$)

200.⁰⁰

Contributor address; City; State; Zip Code

1230 W. Prairie Lea, Lockhart, TX 78644

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

TX State

Date

5/26/18

Full name of contributor out-of-state PAC (ID#: _____)

Thomas C. Hanson

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

720 S. Commerce Lockhart, TX 78644

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Alfredo Muñoz

3 Filer ID (Ethics Commission Filers)

4 Date

5/24/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Ralph H. Salazar Jr.

6 Contributor address; City; State; Zip Code

638 Cibolo St. Lockhart, TX 78644

7 Amount of contribution (\$)

50.⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

—

Date

5/24/18

Full name of contributor out-of-state PAC (ID#: _____)

Patricia Wilkins

Contributor address; City; State; Zip Code

P.O. Box 196 Martindale, TX 78655

Amount of contribution (\$)

150.⁰⁰

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/24/18

Full name of contributor out-of-state PAC (ID#: _____)

Dianne Stevenson

Contributor address; City; State; Zip Code

423 W. Prairie Lea Lockhart, TX 78644

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

—

Date

5/24/18

Full name of contributor out-of-state PAC (ID#: _____)

Gregory B. Hanna

Contributor address; City; State; Zip Code

8729 FM 672 Dale, TX 78616

Amount of contribution (\$)

50.⁰⁰

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Alfredo Muñoz

3 Filer ID (Ethics Commission Filers)

4 Date

5/26/18

5 Full name of contributor

Paul Mc Gregor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

City; State; Zip Code

611 La Feliciano Dr. Lockhart, TX 78644

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/15/18

Full name of contributor

Lonnie Reyes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

575 Redtop Red Rock, TX 78662

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6/25/18

Full name of contributor

James K. Olin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

801 Bois Dore Lockhart, TX 78644

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Alfredo Muñoz	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/18	5 Payee name Printing Solutions	
6 Amount (\$) 2,031.26	7 Payee address; City; State; Zip Code 113 E San Antonio Lockhart TX 78644	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing (Signs)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Alfredo Muñoz Office sought: Co. Judge Office held: —	
Date 3/1/18	Payee name Post Register	
Amount (\$) 369.00	Payee address; City; State; Zip Code 111 S. Church Lockhart, TX 78644	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Alfredo Muñoz Office sought: Co. Judge Office held: —	
Date 3/2/18	Payee name G.C.C.H.C.C.	
Amount (\$) 200.00	Payee address; City; State; Zip Code 117 Walnut St. Lockhart, TX 78644	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Alfredo Muñoz Office sought: Co. Judge Office held: —	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Alfredo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/12/18</i>	5 Payee name <i>Post Register</i>
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6 Amount (\$) <i>220.00</i>	7 Payee address; City; State; Zip Code <i>111. S. Church Wockhart, TX 78644</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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co. Judge</i>	Office held
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Date <i>3/24/18</i>	Payee name <i>McMahon VFD.</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>McMahon, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co. Judge</i>	Office held
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Date <i>4/1/18</i>	Payee name <i>Sam's Club</i>
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Amount (\$) <i>275.00</i>	Payee address; City; State; Zip Code <i>1350 Leah Ave Red Oak Village San Marcos TX 78666</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co. Judge</i>	Office held <i>—</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alfredo Muñoz</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/18</i>	5 Payee name <i>Hockhart ISD</i>	
6 Amount (\$) <i>300.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 222 Hockhart, TX 78644</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alfredo Muñoz</i> Office sought: <i>Co Judge</i> Office held: <i>—</i>	
Date <i>4/15/18</i>	Payee name <i>CTR - Hockhart Chamber of Commerce</i>	
Amount (\$) <i>200.⁰⁰</i>	Payee address; City; State; Zip Code <i>Main St, Hockhart, TX 78644</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alfredo Muñoz</i> Office sought: <i>Co Judge</i> Office held: <i>—</i>	
Date <i>4/9/18</i>	Payee name <i>Lasr Signs</i>	
Amount (\$) <i>194.³⁶</i>	Payee address; City; State; Zip Code <i>1109 S. Main #C Hockhart, TX 78644</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alfredo Muñoz</i> Office sought: <i>Co Judge</i> Office held: <i>—</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alfredo Muñoz</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/21/18</i>	5 Payee name <i>Dale Community Center</i>
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6 Amount (\$) <i>260.00</i>	7 Payee address; City; State; Zip Code <i>Dale, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held
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Date <i>4/21/18</i>	Payee name <i>Dale Community Center</i>
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Amount (\$) <i>21.92</i>	Payee address; City; State; Zip Code <i>Dale, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held
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Date <i>4/27/18</i>	Payee name <i>Parra-Tees</i>
------------------------	---------------------------------

Amount (\$) <i>203.51</i>	Payee address; City; State; Zip Code <i>906 Fannin Lockhart, TX 78644</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>T-Shirts</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Alfredo Muñoz</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/1/18</i>	5 Payee name <i>Capital One</i>
-------------------------	------------------------------------

6 Amount (\$) <i>850.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 71087 Charlotte, N.C.</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing - Credit Card Payment</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held <i>—</i>
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Date <i>5/1/18</i>	Payee name <i>Gaslight Theater</i>
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Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code <i>216 S. Main Lockhart TX 78644</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co. Judge</i>	Office held
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Date <i>5/1/18</i>	Payee name <i>Gaslight Theater</i>
-----------------------	---------------------------------------

Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>216 S. Main Lockhart TX 78644</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co. Judge</i>	Office held <i>—</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: <i>Alfredo Muñoz</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>3/4/18</i>	5 Payee name: <i>Huling Newsboy</i>	
6 Amount (\$): <i>179.38</i>	7 Payee address; City; State; Zip Code: <i>415 E Davis Huling TX 78648</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Advertising</i>	(b) Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alfredo Muñoz</i> Office sought: <i>Co Judge</i> Office held: <i>-</i>	
Date: <i>5/5/18</i>	Payee name: <i>GCHCC</i>	
Amount (\$): <i>300.00</i>	Payee address; City; State; Zip Code: <i>117 Walnut Rockhart, TX 78644</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Sponsorship</i>	Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alfredo Muñoz</i> Office sought: <i>Co Judge</i> Office held: <i>-</i>	
Date: <i>5/19/18</i>	Payee name: <i>HEB</i>	
Amount (\$): <i>50.00</i>	Payee address; City; State; Zip Code: <i>403 S. Colorado Rockhart, TX 78622</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Donation</i>	Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Alfredo Muñoz</i> Office sought: <i>Co Judge</i> Office held: <i>-</i>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alfredo Muñoz</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/21/18</i>	5 Payee name <i>Lockhart ISD</i>
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6 Amount (\$) <i>150.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>PO Box 222 Lockhart, TX 78644</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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held
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Date <i>5/29/18</i>	Payee name <i>Buffalo Flowers</i>
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Amount (\$) <i>43.³⁰</i>	Payee address; City; State; Zip Code <i>104 E. Market Lockhart, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held
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Date <i>6/8/18</i>	Payee name <i>Lockhart ISD</i>
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Amount (\$) <i>245.⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 222 lockhart, TX 78644</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alfredo Muñoz</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/16/18</i>	5 Payee name <i>St. John's Colony</i>
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6 Amount (\$) <i>185.00</i>	7 Payee address; City; State; Zip Code <i>st. John's, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held <i>-</i>
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Date <i>6/22/18</i>	Payee name <i>Printing Solutions</i>
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Amount (\$) <i>487.13</i>	Payee address; City; State; Zip Code <i>113 E San Antonio Luckhart, TX 78644</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alfredo Muñoz</i>	Office sought <i>Co Judge</i>	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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