CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Erik	MI	**OFFICE USE ONLY**
	NICKNAME	LAST Muñoz	SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 2309	APT / SUITE #: McNay Dr	CITY: Pasadena	STATE: Tx	ZIP CODE 77506

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 582-9066	EXTENSION

Date Hand-delivered or Date Postmarked

Receipt #   Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ricardo	MI
	NICKNAME	LAST Muñoz	SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) 5014	APT / SUITE #: Canyon Gates Dr	CITY: Pasadena	STATE: TX	ZIP CODE 77505

8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 373-2914	EXTENSION

9 REPORT TYPE

☐ January 15   ☑ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☐ 8th day before election   ☐ Exceeded Modified Reporting Limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 / Day 01 / Year 2025   THROUGH   Month 03 / Day 24 / Year 2025

11 ELECTION

ELECTION DATE   Month 05 / Day 03 / Year 2025

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other Description
☑ General   ☐ Special

12 OFFICE	OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known) Pasadena City Council District C

14 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.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Erik Munoz	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	TOTAL POLITICAL EXPENDITURES	$ 778,43
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit
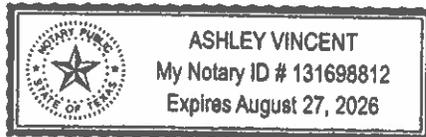
NOTARY STAMP / SEAL

Sworn to and subscribed before me by __Erik Munoz__ this the __3rd__ day of __April__,

20 __25__, to certify which, witness my hand and seal of office.

Ashley Vint	_Ashlee Vincent_	_Notary Public_
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
                                    (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
                                                                                                                    (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Erik Muñoz	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐	SCHEDULE E: LOANS	$
5. ☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. ☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 778.43
10. ☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

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 G:	2 FILER NAME Erik Muñoz	3 Filer ID (Ethics Commission Filers)

4 Date 03/26/25	5 Payee name Packeze

6 Amount ($) ☐ Reimbursement from political contributions intended	7 Payee address; 21602 E Harday RA	City; Spring	State; TX	Zip Code 77073

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Lawn Signs; Door Hangers
(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED