

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2021 FEB 11 Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

**MUNOZ GROUP PAC**

ADDRESS (number and street) P O B O X 2 1 9 1

Check if different than previously reported. (ACC)

R O U N D R O C K T X 7 8 6 8 0 - 2 1 9 1

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

C 0 0 5 5 8 0 4 9

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

1 0 / 0 1 / 2 0 2 0 through 1 2 / 3 1 / 2 0 2 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **ENRIQUE MUNOZ**

Signature of Treasurer  Date M M M / D D D / Y Y Y Y Y Y Y Y

0 1 / 2 8 / 2 0 2 1

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

20210217 09:00:00

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**MUNOZ GROUP PAC**

Report Covering the Period: From: 

M	M
1	0

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	2	0

 To: 

M	M
1	2

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	2	0

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>2</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	2	0	<table border="1" style="border-collapse: collapse;"><tr><td>1</td><td>1</td><td>6</td><td>9</td><td>4</td></tr></table>	1	1	6	9	4
Y	Y	Y	Y												
2	0	2	0												
1	1	6	9	4											
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="border-collapse: collapse;"><tr><td>1</td><td>1</td><td>6</td><td>9</td><td>4</td></tr></table>	1	1	6	9	4									
1	1	6	9	4											
(c) Total Receipts (from Line 19).....	<table border="1" style="border-collapse: collapse;"><tr><td>3</td><td>0</td><td>0</td><td>0</td></tr></table>	3	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>3</td><td>0</td><td>0</td><td>0</td></tr></table>	3	0	0	0					
3	0	0	0												
3	0	0	0												
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="border-collapse: collapse;"><tr><td>1</td><td>4</td><td>6</td><td>9</td><td>4</td></tr></table>	1	4	6	9	4	<table border="1" style="border-collapse: collapse;"><tr><td>1</td><td>4</td><td>6</td><td>9</td><td>4</td></tr></table>	1	4	6	9	4			
1	4	6	9	4											
1	4	6	9	4											
7. Total Disbursements (from Line 31).....	<table border="1" style="border-collapse: collapse;"><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	1	0	0	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	1	0	0	0	0			
1	0	0	0	0											
1	0	0	0	0											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="border-collapse: collapse;"><tr><td>4</td><td>6</td><td>9</td><td>4</td></tr></table>	4	6	9	4	<table border="1" style="border-collapse: collapse;"><tr><td>4</td><td>6</td><td>9</td><td>4</td></tr></table>	4	6	9	4					
4	6	9	4												
4	6	9	4												
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....															
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0											
0	0	0													

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



**DETAILED SUMMARY PAGE**  
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures .....	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	,	,
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
24. Independent Expenditures (use Schedule E) .....	,	,
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	1 0 0 . 0 0	1 0 0 0 0
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	,	,
(b) Political Party Committees .....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,
29. Other Disbursements (Including Non-Federal Donations).....	,	,
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	,	,
(ii) "Levin" Share.....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds .....	,	,
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 0 0 0 0	1 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 0 0 0 0	1 0 0 0 0

NON-FEDERAL DISBURSEMENTS



**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

NAME OF COMMITTEE (In Full)

**MUNOZ GROUP PAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**ENRIQUE MUNOZ**

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

**PO BOX 2191**

City

**ROUND ROCK**

State

**TX**

ZIP Code

**78680-2191**

Original Amount of Loan

**4 6 7 0 0 0**

Cumulative Payment To Date

**4 6 7 0 0 0**

Balance Outstanding at Close of This Period

**0 0 0**

**TERMS**

Date Incurred

**0 1 / 0 1 / 2 0 1 4**

Date Due

**0 1 / 0 1 / 2 0 2 1**

Interest Rate

**2.94** % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: **0 0 0**

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: **0 0 0**

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: **0 0 0**

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: **0 0 0**

**SUBTOTALS** This Period This Page (optional)..... ▶

**0 0 0**

**TOTALS** This Period (last page in this line only)..... ▶

**0 0 0**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked <i>01/29/21</i>	<i>02/11/21</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>02-12-21</i> DATE PREPARED

2025 RELEASE UNDER E.O. 14176