

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2019 OCT 22 AM 11:53
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 **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 / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 0 7 / 0 1 / 2 0 1 9 through 0 9 / 3 0 / 2 0 1 9

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 1 0 / 1 4 / 2 0 1 9

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

NOT FOR PUBLIC RELEASE

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		<input type="text" value="11694"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11694"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="000"/>	<input type="text" value="57000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="11694"/>	<input type="text" value="68694"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="000"/>	<input type="text" value="57000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11694"/>	<input type="text" value="11694"/>
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).....	<input type="text" value="10000"/>	

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

UNRECORDED COPY OF ORIGINAL DOCUMENT

DETAILED SUMMARY PAGE
of Receipts

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Page 3

Write or Type Committee Name

MUNOZ GROUP PAC

Report Covering the Period: From:

MM	DD	YYYY
07	01	2019

 To:

MM	DD	YYYY
09	30	2019

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

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(ii) Unitemized.....

		0	00
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		5	7000
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(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

		0	00
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		5	7000
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(b) Political Party Committees.....

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(c) Other Political Committees (such as PACs).....

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(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

		0	00
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		5	7000
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12. Transfers From Affiliated/Other Party Committees.....

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13. All Loans Received.....

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14. Loan Repayments Received.....

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15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

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17. Other Federal Receipts (Dividends, Interest, etc.).....

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18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

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(b) Levin Funds (from Schedule H5).....

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(c) Total Transfers (add 18(a) and 18(b))..

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19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

		0	00
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		5	7000
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20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

		0	00
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		5	7000
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2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

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	0 0 0	5 7 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))	0 0 0	5 7 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 0 0	5 7 0 0 0

NOTED TO THE CHAIRMAN

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0 0	5 7 0 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0 0 0	5 7 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.0 0	0.0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.0 0	0.0 0

NON-FEDERAL CAMPAIGN FINANCING

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
MUNOZ GROUP PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) ENRIQUE MUNOZ		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 5 7 0 0 0	Balance Outstanding at Close of This Period 1 0 0 0 0
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TERMS

Date Incurred MM / DD / YYYY 0 1 / 0 1 / 2 0 1 4	Date Due MM / DD / YYYY 0 1 / 0 1 / 2 0 2 0	Interest Rate 2.94 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional)..... ▶ 1 0 0 0 0

TOTALS This Period (last page in this line only)..... ▶ 1 0 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.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
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PREPARER *MP*
 (3/2015)

10/22/19
 DATE PREPARED

NO POSTMARK REQUIRED