

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received JAN 18 2022 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	Mrs	Martha	A	
NICKNAME	LAST	SUFFIX		
Marty	Muro			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
Change of Address	2806 Field St San Angelo, TX. 76901			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(325)	450-5094		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Mrs.	Sandy		
	NICKNAME	LAST	SUFFIX	
		Ruiz-Kolb		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	1005 Woodruff St.			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(325)	234-1829		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month Day Year
	8	24	21	THROUGH 12 31 21
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input checked="" type="checkbox"/> Primary Runoff Other Description <input type="checkbox"/> General Special _____
	3	1	22	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Justice of the Peace PCT. 3	
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

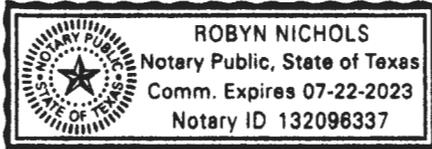
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Muro, Martha A.		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,605.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,321.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 776.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Martha A. Muro
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Robyn Nichols* this the *19th* day of *January*, 20 *22*, to certify which, witness my hand and seal of office.

Robyn Nichols *Robyn Nichols* *Victims Coordinator*
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

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Muro, Martha A.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,605.20
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 900.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,321.35
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 608.50
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		\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Muro, Martha A.		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Nickie Gotschall 6 Contributor address; City; State; Zip Code 63 E. 19th San Angelo, TX 76903	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Victim's Coordinator		9 Employer (See Instructions) TGC
Date 11/19/2021	Full name of contributor out-of-state PAC (ID#: _____) Sarah Lopez Contributor address; City; State; Zip Code 1820 W. Ave. J, San Angelo, TX. 76902	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) SMC
Date 11/19/2021	Full name of contributor out-of-state PAC (ID#: _____) AJ. Chapoy Contributor address; City; State; Zip Code 2251 Woodlawn Dr. San Angelo, TX. 76901	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Lineman		Employer (See Instructions) COSAC
Date 11/23/2021	Full name of contributor out-of-state PAC (ID#: _____) Jose/Brenda Mata Contributor address; City; State; Zip Code 1020 San Antonio San Angelo, TX. 76903	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Machine Op./ DHS CR		Employer (See Instructions) COSAC/DFPS
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Muro, Martha A.		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Aurora Lozano 6 Contributor address; City; State; Zip Code 10473 Cottontail San Angelo, TX. 76901	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Home Health Care		9 Employer (See Instructions)
Date 11/23/2021	Full name of contributor out-of-state PAC (ID#: _____) JA. Ontiveros Contributor address; City; State; Zip Code 508 W. Concho St. 2C San Angelo, TX. 76903	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Bondsman		Employer (See Instructions) Self
Date 12/06/2021	Full name of contributor out-of-state PAC (ID#: _____) Criselda T. Bravo Contributor address; City; State; Zip Code 1720 Volney San Angelo, TX. 76903	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Web, Stokes, Sparks
Date 12/06/2021	Full name of contributor out-of-state PAC (ID#: _____) Rudolfo Montalvo Contributor address; City; State; Zip Code 4922 Oaklawn San Angelo, TX. 76901	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) R&R Builders
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Muro, Martha A.		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Suzie Marquez 6 Contributor address; City; State; Zip Code 5212 Conley Ave, Odessa, TX 79762	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Terry Lowe Contributor address; City; State; Zip Code 2302 Fisherman's RD, San Angelo, TX. 76904	Amount of contribution (\$) 240.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Dana Routh Contributor address; City; State; Zip Code 11701 S. Hwy 277 San Angelo, TX 76902	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Financial Rep.		Employer (See Instructions) PRSB
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME Muro, Martha A.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/06/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha A. Muro	9 Loan Amount (\$) 200.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2806 Field St San Angelo, TX. 76901	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Criminal Investigator		13 Employer (See Instructions) TGC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10/27/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha A. Muro	Loan Amount (\$) 300.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 2806 Field St San Angelo, TX. 76901	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions) Criminal Investigator		Employer (See Instructions) TGC
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME Muro, Martha A.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/19/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha A. Muro	9 Loan Amount (\$) 300.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2806 Field St San Angelo, TX. 76901	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Criminal Investigator		13 Employer (See Instructions) TGC
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/08/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha A. Muro	Loan Amount (\$) 100.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 2806 Field St San Angelo, TX. 76901	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions) Criminal Investigator		Employer (See Instructions) TGC
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 6		2 FILER NAME Muro, Martha A.		3 Filer ID (Ethics Commission Filers)	
4 Date 09/09/2021		5 Payee name 1Community Federal Credit Union			
6 Amount (\$) 5.00		7 Payee address; City; State; Zip Code 355 Wildwood Dr, San Angelo, TX. 76904			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee		(b) Description Membership Bank Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Martha A. Muro		Office sought Justice of the Peace PCT. 3	
Office held					
Date 11/07/2021		Payee name Daley Professional Web Solutions			
Amount (\$) 29.00		Payee address; City; State; Zip Code 211 Cardinal Drive Montgomery, NY 12549			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Online website		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Martha A. Muro		Office sought Justice of the Peace PCT. 3	
Office held					
Date 11/10/2021		Payee name Office Depot			
Amount (\$) 9.62		Payee address; City; State; Zip Code 4272 Sunset Dr Corner Of Sherwood Way &, Sunset Dr, San Angelo, TX 76904			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office expense		Description Pad, Columnar		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Martha A. Muro		Office sought Justice of the Peace PCT. 3	
Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 6	2 FILER NAME Muro, Martha A.	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2021	5 Payee name Tom Green County Republican Party	
6 Amount (\$) 375.00	7 Payee address; City; State; Zip Code 2525 Johnson Street, Suite A San Angelo, TX. 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Fee for name on ballot
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office held
11 Date 11/17/2021	12 Payee name USPS	
13 Amount (\$) 59.00	14 Payee address; City; State; Zip Code 1 N. Abe, St. San Angelo, TX. 76902	
15 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead/rental expense	(b) Description PO. Box for campaign mail
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
16 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
17 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office held
18 Date 11/19/2021	19 Payee name Dollar Tree	
20 Amount (\$) 30.71	21 Payee address; City; State; Zip Code 613 W. 29th San Angelo, TX. 76903	
22 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description decorations/costume/participant goodies for parade for campaign
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
23 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
24 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 6	2 FILER NAME Muro, Martha A.	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2021	5 Payee name Canva Pty LTD.	
6 Amount (\$) 68.00	7 Payee address; City; State; Zip Code 110 Kippax St. Surry Hills NSW 2010 Australia	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Business Cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
Date 11/19/2021	Payee name Canva Pty LTD.	
Amount (\$) 68.00	Payee address; City; State; Zip Code 110 Kippax St. Surry Hills NSW 2010 Australia	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Push Cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
Date 11/19/2021	Payee name Canva Pty LTD.	
Amount (\$) 97.50	Payee address; City; State; Zip Code 110 Kippax St. Surry Hills NSW 2010 Australia	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Banner
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 6	2 FILER NAME Muro, Martha A.	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2021	5 Payee name Go Daddy.com LLC	
6 Amount (\$) 31.48	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Online Website/Domain marthamuro.org
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
Date 11/22/2021	Payee name Vistaprint	
Amount (\$) 174.28	Payee address; City; State; Zip Code 170 Data Drive Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description car magnets/car window decal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
Date 11/22/2021	Payee name Crazy Cheap Political Signs	
Amount (\$) 142.24	Payee address; City; State; Zip Code 11525 A Stonehollow Dr. Suite 100 Austin, TX. 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Yard signs/stakes
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 6	2 FILER NAME Muro, Martha A.	3 Filer ID (Ethics Commission Filers)
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4 Date 11/27/2021	5 Payee name Dollar Tree
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6 Amount (\$) 23.82	7 Payee address; City; State; Zip Code 3329 Sherwood Way San Angelo, TX. 76901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Decorations/parade float
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3	Office held
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Date 12/03/2021	Payee name West Texas IDR
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Amount (\$) 377.79	Payee address; City; State; Zip Code 101 Paint Rock RD, San Angelo, TX. 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement/fundraising	Description T-shirts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3	Office held
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Date 12/04/2021	Payee name Walmart
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Amount (\$) 37.76	Payee address; City; State; Zip Code 610 W. 29th San Angelo, TX. 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Helium tank for parade balloons
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 6	2 FILER NAME Muro, Martha A.	3 Filer ID (Ethics Commission Filers)
4 Date 12/27/2021	5 Payee name Crazy Cheap Political Signs	
6 Amount (\$) 233.17	7 Payee address; City; State; Zip Code 11525 A Stonehollow Dr, Suite 100 Austin, TX. 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description yard signs/stakes
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
Date 12/27/2021	Payee name Crazy Cheap Political Signs	
Amount (\$) 558.98	Payee address; City; State; Zip Code 11525 A Stonehollow Dr, Suite 100 Austin, TX. 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description 4x4 signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
Date	Payee name	
Amount (\$)	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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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	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 G: 2		2 FILER NAME Muro, Martha A.		3 Filer ID (Ethics Commission Filers)	
4 Date 11/15/2021		5 Payee name Tom Green County Republican Party			
6 Amount (\$) 375.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2525 Johnson Street Suite A San Angelo, TX. 76904			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description Fee for name on ballot		
	(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 Martha A. Muro		Office sought Justice of the Peace PCT.3	Office held
Date 11/19/2022		Payee name Canva PTY LTD.			
Amount (\$) 68.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 110 Kippax St. Surry Hills NSW 2010 Australia			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Business Cards		
	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 Martha A. Muro		Office sought Justice of the Peace PCT. 3	Office held
Date 11/19/2021		Payee name Canva PTY LTD.			
Amount (\$) 68.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 110 Kippax St. Surry Hills NSW 2010 Australia			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Push Cards		
	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 Martha A. Muro		Office sought Justice of the Peace PCT. 3	Office held

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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	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 G: 2	2 FILER NAME Muro, Martha A.	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2021	5 Payee name Canva PTY LTD.	
6 Amount (\$) 97.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 110 Kippax St. Surry Hills NSW 2010 Australia	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Banner
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Martha A. Muro	Office sought Justice of the Peace PCT. 3
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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