

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

13 C/OH NAME Guzman, Monica

14 ACCOUNT # (Ethics Commission filers)
41966827

**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures 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

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**16 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

300.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

965.15

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

20.00

17 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Guzman, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Ann Margaret Franklin
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/8	
2 FILER NAME Guzman, Monica		3 ACCOUNT # (Ethics Commission filers) 41966827	
4 Date 09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguilar, San Juanita 6 Contributor address; City; State; Zip Code 1201 Laurelleaf Dr Pflugerville, TX 78660	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 07/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biedrzycki, Carol Contributor address; City; State; Zip Code 1411 Gracy Farms Ln Apt 23 Austin, TX 78758	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) TexasROSE	
Date 07/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, Leslie Contributor address; City; State; Zip Code 11310 Spicewood Club Dr Apt 2 Austin, TX 78750	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 08/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guzman, Michele R Contributor address; City; State; Zip Code 3207 Benbrook Dr Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Assistant Director of Research and Evaluation		Employer (See Instructions) Hogg Foundation	
Date 07/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Jill Contributor address; City; State; Zip Code 5309 Presidio Rd Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Program Services Director		Employer (See Instructions) Latino HealthCare Forum	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 4/8

2 FILER NAME Guzman, Monica

3 ACCOUNT # (Ethics Commission filers)

41966827

4 Date

07/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rivera, Gilbert

6 Contributor address; City; State; Zip Code
1000 Glen Oaks Ct
Austin, TX 78702

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)

Date

08/04/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Turner, Arthur

Contributor address; City; State; Zip Code
1806 Westmore Dr
Austin, TX 78723

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

08/11/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Turner, Arthur

Contributor address; City; State; Zip Code
1806 Westmore Dr
Austin, TX 78723

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 5/8	
2 FILER NAME Guzman, Monica		3 ACCOUNT # (Ethics Commission filers) 41966827	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄		\$	
5 Date of loan 07/07/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Guzman, Monica A	9 Loan Amount (\$) \$20.00	
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 605 Masterson Pass Apt 835 Austin, TX 78753	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
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		21 Employer	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 6/8		2 FILER NAME Guzman, Monica		3 ACCOUNT # (TEC filers) 41966827	
4 Date 07/09/2014		5 Payee name 2014 RTCC Workshop			
6 Amount (\$) \$26.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City: State: Zip Code PO Box 1088 Austin, TX 78767-1088			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Regional Transit Coordination Cmty	
Date 07/25/2014		Payee name Allied Printing			
Amount (\$) \$399.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City: State: Zip Code 8222 N Lamar Blvd Austin, TX 78753			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign push cards	
Date 07/15/2014		Payee name PostNet			
Amount (\$) \$6.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City: State: Zip Code 3571 Far West Blvd Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Notary public (campaign fin rpt)	
Date 07/16/2014		Payee name PostNet			
Amount (\$) \$6.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City: State: Zip Code 3571 Far West Blvd Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Notary public (campaign fin rpt)	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 7/8		2 FILER NAME Guzman, Monica		3 ACCOUNT # (TEC filers) 41966827	
4 Date 07/21/2014	5 Payee name PostNet				
6 Amount (\$) \$6.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 3571 Far West Blvd Austin, TX 78731				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Notary public (campaign fin rpt)		
Date 08/04/2014	Payee name Texas Democratic Party				
Amount (\$) \$225.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 4818 E Ben White Blvd Ste 104 Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> VAN access		
Date 07/07/2014	Payee name Worley's Printing				
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3217 N IH 35 Frontage Rd Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Badge		
Date 07/11/2014	Payee name Worley's Printing				
Amount (\$) \$271.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3217 N IH 35 Frontage Rd Austin, TX 78722				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign business cards		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 8/8		2 FILER NAME Guzman, Monica		3 ACCOUNT # (TEC filers) 41966827	
4 Date 07/27/2014	5 Payee name HEB				
6 Amount (\$) \$15.99	7 Payee address City; State; Zip Code 9414 N Lamar Blvd Austin, TX 78753				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (See instructions regarding type of information required.) bagged ice/bottled water		
Date 07/20/2014	Payee name PayPal				
Amount (\$) \$0.88	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Processing fee		
Date 09/23/2014	Payee name Wang, Zhiling				
Amount (\$) \$30.00	Payee address City; State; Zip Code 1709 Hackney Cv Austin, TX 78727				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office supplies		Description (See instructions regarding type of information required.) Canon printer cartridges		