CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00090757		17			Date Received	
3	CANDIDATE /	MS/MRS/MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME		Monica A.			12/27/2021	
	TV/ UVIC	NICKNAME	LAST		SUFFIX		
			Guzman			Date Hand delivere	d or Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered	d of Date Postmarked
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		χ 30th day before election	on 15th day after cam			_	
		8th day before election	appointment (office	• •		Date Processed	
_	ODICINIAL DEDICE	<u> </u>		·	\/aa#	_	
5	ORIGINAL PERIOD COVERED	Month Day \\ 11/22/2021	'ear THROUGH	Month Day 12/26/2021	Year	Date Imaged	
6	EXPLANATION OF C			12/20/2021			
0		ee in-kind contributions,	each worth \$400				
	Since I am new the th	ne e-filing system, I am r	equesting a waiver or red	uction of the late-filing	penalty in the	e event one might b	e imposed.
7	AFFIDAVIT						
7	AFFIDAVIT			ear, or affirm, under p	enalty of perju	ıry, that this correc	ted report is true
7	AFFIDAVIT		and	correct.	, , ,	•	ted report is true
7	AFFIDAVIT		and		, , ,	•	ted report is true
7	AFFIDAVIT		and	correct.	/ and all applic	cable statements:	·
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report was made in good fa	/ and all applic s: I swear, o aith and withou	cable statements: or affirm that the or ut an intent to misle	iginal report ead or to
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report	/ and all applic s: I swear, o aith and withou	cable statements: or affirm that the or ut an intent to misle	iginal report ead or to
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the inf	/ and all applic s: I swear, (aith and withor ormation conta	cable statements: or affirm that the or ut an intent to misle ained in the report.	iginal report ead or to
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than	y and all applic s: I swear, a aith and withou ormation conta swear, or affirr the 14th busir	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o	iginal report ead or to his corrected date I learned
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe Other reports:	y and all applic s: I swear, a aith and withou ormation conta swear, or affirr the 14th busin iginally filed is	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing the ness day after the of inaccurate or income	iginal report ead or to his corrected date I learned mplete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori	y and all applic s: I swear, a aith and without ormation contain swear, or affirr the 14th busin iginally filed is t any error or a	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing the ness day after the of inaccurate or income	iginal report ead or to his corrected date I learned mplete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: Is report not later than that the report as or swear, or affirm, tha	y and all applic s: I swear, a aith and without ormation contain swear, or affirr the 14th busin iginally filed is t any error or a	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing the ness day after the of inaccurate or income	iginal report ead or to his corrected date I learned mplete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: Is report not later than that the report as or swear, or affirm, tha	y and all applic s: I swear, o aith and withou ormation conta swear, or affirr the 14th busin iginally filed is t any error or o ood faith.	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o inaccurate or incolomission in the rep	iginal report ead or to his corrected date I learned mplete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	y and all applices: I swear, a aith and without ormation contains wear, or affirm the 14th busing iginally filed is any error or cood faith.	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing the ness day after the of inaccurate or incorp omission in the rep Guzman	iginal report ead or to his corrected date I learned mplete. I
7		AMP/SEALAROVE	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	y and all applices: I swear, a aith and without ormation contains wear, or affirm the 14th busing iginally filed is any error or cood faith.	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o inaccurate or incolomission in the rep	iginal report ead or to his corrected date I learned mplete. I
7		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	y and all applices: I swear, a aith and without ormation contains wear, or affirm the 14th busing iginally filed is any error or cood faith.	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing the ness day after the of inaccurate or incorp omission in the rep Guzman	iginal report ead or to his corrected date I learned mplete. I
7	AFFIX NOTARY ST		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	y and all applic s: I swear, o aith and without ormation conta swear, or affirr the 14th busin iginally filed is t any error or o ood faith. Monica A.	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o inaccurate or incolomission in the rep Guzman tte or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go Signatu	y and all applic s: I swear, o aith and without ormation conta swear, or affirr the 14th busin iginally filed is t any error or o ood faith. Monica A. ure of Candida, this	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o inaccurate or incolomission in the rep Guzman tte or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go Signatu	y and all applic s: I swear, o aith and without ormation conta swear, or affirr the 14th busin iginally filed is t any error or o ood faith. Monica A. ure of Candida, this	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o inaccurate or incolomission in the rep Guzman tte or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go Signatu	y and all applic s: I swear, o aith and without ormation conta swear, or affirr the 14th busin iginally filed is t any error or o ood faith. Monica A. ure of Candida, this	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o inaccurate or incolomission in the rep Guzman tte or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go Signatu	y and all applic s: I swear, o aith and without ormation conta swear, or affirr the 14th busin iginally filed is t any error or o ood faith. Monica A. ure of Candida, this	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the o inaccurate or incolomission in the rep Guzman tte or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	e this form.	1 Filer ID (Ethics Comm 00090757		2 Total pages file 1	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	!	Monica A.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	12/27/2021	
		Guzman				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	<u></u> Y:	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 180883	, ,	,		Receipt#	Amount
Change of Address	Austin, TX 78751-0883					
onango on azazza	Austin, 17 10131-0000				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	F	Randall E.				
	NICKNAME L	LAST		SUFFIX		
	1	Teich				
6 CAMPAIGN	STREET ADDRESS (NO PO B	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	9201 Quail Hill Cir					
(Residence or Business)	Austin, TX 78758					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION			
TREASURER PHONE	(512) 426-7769					
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after car	mpaign treasurer
			ᆜ	<u></u>	appointment (offic	ceholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	11/22/2021	ТН	HROUGH	12/26/202	<u>!</u> 1	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	01/25/2022	G	General	X Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
II OFFICE	OF FIGE FIELD (II ally)				r, District 4 Place	Austin District 4
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 17

13 C / OH NAME	Guzman, Monica A.		14 Filer ID 00090757	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER SARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 5,053.33		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,039.50		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,773.83		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 100.00		
17 AFFADAVIT						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		Mo	nica A. Guzman			
		Signature of	Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of office	eer administering	Printed name of officer administering	Title of office	r administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		4 of 17
	19 Filer ID	(Ethics Commission Filers)
Guzman, Monica A.	00090757	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	_	\$ 5,053.33
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE E: LOANS		\$ 100.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 988.50
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 51.00
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	RETURNED	\$

MON	IETARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/8 Rpt: 5/17
2 FILER N Guzma	AME n, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/20/2	5 Full name of contributor out-of-state PAC (ID#: Allen, Chris 6 Contributor address; City; State; Zip Code 1406 W 39th 1/2 St	:)	7 Amount of Contribution (\$) \$52.95
9 Principal	Austin, TX 78756	0. Employer (Con Instructions	
8 Principal Archited	l occupation / Job title (See Instructions)	9 Employer (See Instructions Self-employed	5)
Date 12/20/2	Full name of contributor out-of-state PAC (ID#: O21 Anderson, Josephine Contributor address; City; State; Zip Code 8124 Forshey St New Orleans, LA 70118	:)	Amount of Contribution (\$) \$50.00
Principa Retired	occupation / Job title (See Instructions)	Employer (See Instructions Retired	5)
Date 12/15/2	Contributor address; City; State; Zip Code 4104 Turkey Creek Dr)	Amount of Contribution (\$) \$210.84
Principa Retired	Austin, TX 78730 I occupation / Job title (See Instructions)	Employer (See Instructions Austin Neighborhood Or	
Date 12/15/2			Amount of Contribution (\$) \$26.63
	l occupation / Job title (See Instructions) ons Coach and Consultant	Employer (See Instructions Sally Blue Consulting	5)
Date 12/16/2	Full name of contributor out-of-state PAC (ID#: 021 Brown, Garry Contributor address; City; State; Zip Code 3802 Hawkshead Dr Austin, TX 78727		Amount of Contribution (\$) \$52.95
	l occupation / Job title (See Instructions) ve Assistant	Employer (See Instructions Williamson County	5)
	l occupation / Job title (See Instructions)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 6/17	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Guzman, Mo					00090757	
4	Date 12/21/2021	Full name of contributor Buchholtz, Patricia	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$105.58
		6 Contributor address; City; Sta 4025 Camacho St	ate; Zip Code				
		Austin, TX 78723					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Co-Founder	and Partner		lookthinkmake			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/26/2021	Burleson, John					\$52.95
		Contributor address; City; Sta	ate; Zip Code		1		
		5201 English Glade Dr					
		A					
	Dringing con	Austin, TX 78724	i	Employer (Coo Instructions	<u>'</u>		
	Senior QA	pation / Job title (See Instructions)	'	Employer (See Instructions Accenture	5)		
		E 11 (_	A (Q ' L . ' (fb)	
	Date 12/13/2021	Full name of contributor Burton, Brandi	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.63
	12/13/2021	Contributor address; City; State; Zip Code		-		Φ20.03	
		4509 Sinclair Ave	ate; zip Code				
		4509 Siliciali Ave					
		Austin, TX 78756					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President			Environmentality Inc			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2021	Calderón, Sara					\$21.37
		Contributor address; City; Sta	ate; Zip Code		1		
		6304 Libyan Dr					
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Founder & C	EO		TerceraDev			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/29/2021	Denkler, Ann					\$400.00
		Contributor address; City; Sta	ate; Zip Code]		
		6112 Highlandale Dr					
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Clerk			Travis County			
_			I				

	MONEI	ARY POLITICAL CON	IRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 7/17	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Guzman, Mo	onica A.				00090757	
4	Date 12/19/2021	Duncan, James	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$421.37
		6 Contributor address; City; State; Zip 11405 Pradera Dr	Code				
		Austin, TX 78759					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date	Full name of contributor ut-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2021	Garay, Ricardo					\$105.58
		Contributor address; City; State; Zip	Code				
		561 Bridgestone Way					
		Buda, TX 78610			_		
		pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Program Ma	_		Dell Medical School			
	Date	—	of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/15/2021					\$52.95	
		Contributor address; City; State; Zip	Code				
		5700 Terravista Dr					
		Austin, TX 78735					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Executive Di			Extend-a-Care YMCA	,		
	Data	Full name of contributor out-	-f -t-t- DAC (ID)//-	`		Amount of Contribution (¢)	
	Date 12/19/2021	Gaven, Glenn	of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.12
	12/13/2021		Codo				Ψ13.12
		Contributor address; City; State; Zip 5730B Wellington Dr	Code				
		3730B Weilington Di					
		Austin, TX 78723					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Driver			Bill Doran Company			
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2021	Glenn, Christine					\$105.58
		Contributor address; City; State; Zip	Code				
		1701 Springlake Dr					
		Dripping Springs, TX 78620					
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Principal Co	oach & Organizational Designer		Self-employed			

	MONEI	ARY POLITICAL CONTRIBUTION)NS			SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.		1	Total pages Schedule A1: Sch: 4/8 Rpt: 8/17	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Guzman, Mo	nica A.				00090757	
4 Date 12/06/2021		5 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code 3207 Benbrook Dr					
		Austin, TX 78757					
8	Principal occu Principal	pation / Job title (See Instructions)		ployer (See Instructions West Group)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/09/2021	Guzmán, Peter					\$52.95
		Contributor address; City; State; Zip Code					
		8605 Shoal Creek Blvd Apt 125					
	5	Austin, TX 78757					
	Education Co	pation / Job title (See Instructions)		ployer (See Instructions llege InRoads)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	# 200 74
	12/13/2021						\$368.74
		Contributor address; City; State; Zip Code					
		1808 Kerr St					
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)	Em	ployer (See Instructions)		
	Retired		Re	tired			
	Date	Full name of contributor				Amount of Contribution (\$)	
	12/21/2021	Kiolbassa, Jolene					\$40.00
		Contributor address; City; State; Zip Code					
		3007 West Ave					
		Austin, TX 78705					
		oation / Job title (See Instructions)		ployer (See Instructions)		
	Retired		Re	tired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/16/2021	Llanes Pulido, Carmen					\$105.58
		Contributor address; City; State; Zip Code					
		4513 Elwood Rd					
		Austin, TX 78722					
	Principal occu	pation / Job title (See Instructions)	Em	ployer (See Instructions)		
	Executive Di	rector	GA	NVA			
			•				

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 9/17	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Guzman, Mo			┸	00090757	
4	Date 12/23/2021	5 Full name of contributor out-of-state PAC (ID#:_ Lucio, Ricardo)	7	Amount of Contribution (\$)	\$26.63
		6 Contributor address; City; State; Zip Code 1101 Rio Hondo Rd				
		Harlingen, TX 78550				
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	ns)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/19/2021	McArthur, Barbara				\$31.89
		Contributor address; City; State; Zip Code				
		5700 Clay Ave				
		Austin, TX 78756				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Research Af		UT Austin	,		
	Date	Full name of contributor)	Т	Amount of Contribution (\$)	
	12/15/2021	Mejia, Michelle			, ,	\$31.89
		Contributor address; City; State; Zip Code				
		2018 W Rundberg Ln Apt 7B				
		Augstin TV 70740				
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)	Employer (See Instruction	nc)		
		ood Health Equity Organizer	GAVA	113)		
	Date	Full name of contributor ut-of-state PAC (ID#:	1	$\overline{}$	Amount of Contribution (\$)	
	12/20/2021	Mitcham, Gail			γιπουπι οι Commbation (φ)	\$58.21
		Contributor address; City; State; Zip Code				
		8400 Jamestown Dr Apt 428				
		A TV 70750				
	Dringing coou	Austin, TX 78758	Employer (See Instruction	nc)		
	Retired	pation / Job title (See Instructions)	Retired	115)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/16/2021	Olson, Laura				\$26.63
		Contributor address; City; State; Zip Code				
		225 Drury Ln				
		Austin, TX 78737				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Organizing D	pirector	GAVA			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 10/17	
2	FILER NAME Guzman, Mo	onica A.		3	Filer ID (Ethics Commission 00090757	n Filers)
4	Date 12/16/2021	 Full name of contributor out-of-state PAC (ID#:_Perryman, Bryan Contributor address; City; State; Zip Code 11300 Ptarmigan Cv)	7	Amount of Contribution (\$)	\$42.42
8	Principal occu	Austin, TX 78758 spation / Job title (See Instructions)	9 Employer (See Instructions	6)		
	Driver/Assist		Perryman Group	3)		
	Date 12/06/2021	Full name of contributor out-of-state PAC (ID#:_ Pimiento, Susana Contributor address; City; State; Zip Code 3103 Powell Cir Austin, TX 78704			Amount of Contribution (\$)	\$400.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Self-employed	s)		
	Date 12/16/2021	Full name of contributor out-of-state PAC (ID#:_ Polunsky, Steven Contributor address; City; State; Zip Code 8006 Meadowlake Drive W Northport, AL 35473)		Amount of Contribution (\$)	\$26.63
		pation / Job title (See Instructions) unsportation Policy Research Center	Employer (See Instructions Alabama Transportation		stitute	
	Date 12/23/2021	Full name of contributor out-of-state PAC (ID#:_ Pry, Patricia Contributor address; City; State; Zip Code 907 Hermitage Dr Austin, TX 78753)		Amount of Contribution (\$)	\$42.42
	Principal occu Co-Owner	pation / Job title (See Instructions)	Employer (See Instructions Elevate Bartending	s)		
	Date 12/08/2021	Full name of contributor out-of-state PAC (ID#:_Pulido, Juan Carlos Contributor address; City; State; Zip Code 4513 Elwood Rd Austin, TX 78722)		Amount of Contribution (\$)	\$400.00
	Principal occu Graphics des	pation / Job title (See Instructions)	Employer (See Instructions Self-employed	s)		

	MONEI	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E A1
	The Instruc	tion Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 11/17	
2	FILER NAME Guzman, Mo	nica A			3	Filer ID (Ethics Commission 00090757	n Filers)
_					L		
4	Date 12/11/2021	5 Full name of contributor out-of-state PAC (II Renteria, Rene	D#:)	7	Amount of Contribution (\$)	\$400.00
		6 Contributor address; City; State; Zip Code 2008 Ford St					
		Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Manager, Me	dia Services		Austin Community Colle	ege		
	Date	Full name of contributor out-of-state PAC (II	D#:)	Π	Amount of Contribution (\$)	
	12/21/2021	Rivera, Gilbert				(+)	\$26.63
	,,	Contributor address; City; State; Zip Code			ł		,
		1000 Glen Oaks Ct					
		1000 GIEH GARS CE					
		Austin, TX 78702					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
	Retired	,		Retired	,		
	Date	Full name of contributor	D#:	1	Г	Amount of Contribution (\$)	
	12/10/2021	Robertson, Jessica	Dπ	J		γιποαπε οι Continuation (φ)	\$52.95
	12/10/2021	Contributor address; City; State; Zip Code		ł		Ψ02.00	
		106 Red Oak St S					
		100 Ned Oak St S					
		Weatherford, TX 76087					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Field Organiz	er		Greg Casar for Congres	SS		
	Date	Full name of contributor out-of-state PAC (II	D#·)	Г	Amount of Contribution (\$)	
	12/15/2021	Sager, Jessica	Dii)		7 anount of Continuation (4)	\$52.95
		Contributor address; City; State; Zip Code			ł		402.00
		5203 Hedgewood Dr					
		3233 Fleugewood Di					
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			JHS Coaching and Con	sul	ting	
	Date	Full name of contributor out-of-state PAC (II	D#:)	Г	Amount of Contribution (\$)	
	12/22/2021	Shah, Samir				. ,	\$211.89
		Contributor address; City; State; Zip Code			ł		
		8716 Little Laura Dr					
		Austin, TX 78757					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Market	ing Officer		Khaana Marketing			
_							

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 12/17	
2	FILER NAME Guzman, Mo	onica A.		3	Filer ID (Ethics Commission 00090757	n Filers)
4	Date 12/05/2021	 5 Full name of contributor out-of-state PAC (ID#:_Solis, Maria 6 Contributor address; City; State; Zip Code PO Box 41504)	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78704				
8	Principal occu Care Coordin	pation / Job title (See Instructions) nator	9 Employer (See Instructions El Buen Samaritano	s)		
	Date 12/11/2021	Full name of contributor out-of-state PAC (ID#:_ Teich, Ann Contributor address; City; State; Zip Code 9201 Quail Hill Cir Austin, TX 78758			Amount of Contribution (\$)	\$210.84
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 12/22/2021	Full name of contributor out-of-state PAC (ID#:_ Thomson, Phyllis Contributor address; City; State; Zip Code 606 W Croslin St)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	Austin, TX 78752 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/05/2021	Contributor address; City; State; Zip Code 8402 Appalachian Dr			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/23/2021	Full name of contributor out-of-state PAC (ID#:_Zaragoza, Nuria Contributor address; City; State; Zip Code 1908 Cliff St Austin, TX 78705)		Amount of Contribution (\$)	\$105.58
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Self-employed	<u>(</u>		

Guzman, Monica A. TOTAL OF UNITEMIZED LOANS 5 Date of loan 11/30/2021 Guzmán, Monica 9 Loan Amount (\$) 11/30/2021 Guzmán, Monica 11/30/2021 State: Zip Code 10 Interest Rate 11/30/2021 8 Lender address; City; State: Zip Code 11 Interest Rate 11 Maturity Date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 17 Name of guarantor 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$) Amount Guaranteed (\$) Amount Guaranteed (\$) Amount Guaranteed (\$)
Guzman, Monica A. TOTAL OF UNITEMIZED LOANS 5 Date of loan 11/30/2021 6 Is lender a financial institution? No Austin, TX 78758 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 17 Name of guarantor (State) State; Zip Code 18 Guarantor address; City; State; Zip Code 19 Loan Amount (\$) \$10 Interest Rate 10 Interest Rate 11 Maturity Date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 17 Name of guarantor State; Zip Code
TOTAL OF UNITEMIZED LOANS 5 Date of loan 1/30/2021 Guzmán, Monica Guzmán, Monica \$10 6 Is lender a financial institution? No Austin, TX 78758 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GURANTOR INFORMATION X not applicable 17 Name of guarantor 18 Guarantor address; City; State; Zip Code 10 Interest Rate 11 Maturity Date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 17 Name of guarantor X State; Zip Code
11/30/2021 Guzmán, Monica \$10 6 Is lender a financial institution? No
financial institution? No 8400 Jamestown Dr Apt 426 Austin, TX 78758 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 17 Name of guarantor 18 Guarantor address; City; State; Zip Code
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 17 Name of guarantor X not applicable 18 Guarantor address; City; State; Zip Code
X None 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code (See Instructions) 19 Amount Guaranteed (\$ 10 Code) 10 Amount Guaranteed (\$ 10 Code) 11 Amount Guaranteed (\$ 10 Code) 12 Code Co
16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$ Zip Code
X not applicable 18 Guarantor address; City; State; Zip Code
20 Principal occupation 21 Employer (See Instructions)
22 2 mployof (eee modulono)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
•	Sch: 1/3 Rpt: 14/17	Guzman, Monica A. O0090757				
4	Date	5 Payee name				
	12/16/2021	City of Austin				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	301 W 2nd St				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Filing Fee for January 2022 Special Election (ballot				
		application)				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	12/26/2021	DonateWay				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$145.16	PO Box 301267				
		Austin, TX 78703-1267				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Process fee for online contributions				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1				
	Date	Payee name				
	12/12/2021	FedEx Office Print & Ship Center				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.30	9222 Burnet Rd Ste 101				
		Austin, TX 78758				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Printing Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		copies				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 2/3 Rpt: 15/17	Guzman, Monica A. 00090757					
4	Date	5 Payee name					
	12/13/2021	FedEx Office Print & Ship Center					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$28.95	9222 Burnet Rd Ste 101					
		Austin, TX 78758					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense print order					
		print order					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
_							
	Date	Payee name					
	12/21/2021	HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
\$18.64 9414 N Lamar Blvd							
		Austin, TX 78753					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Dec 21 Meet & Greet - refreshments, plastic utensils,					
		paper cups					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Data						
	Date	Payee name					
	12/21/2021	Mi Tradicion					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$24.45	8716 Research Blvd Ste 290					
		Austin, TX 78758					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
		Check if Austin, TX, officeholder living expense					
		Dec 21 Meet & Greet - refreshments					
_	Operation ONE VIII II	On didn't 10 ff a balden name					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	p = 1 2 25 3/01						
L							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Award: Legal Serv	erage Expense s/Memorials Expense rices ruction Guide expla	Printin Salarie		e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2	FILER NAM	ИE					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 16/17		Guzman,	Monica A						00090757	
4	Date	5	Payee nam	 ne							
	12/14/2021		Texas De		Party						
6	Amount (\$)	7	Payee add	ress: C	City; S	tate; Zip	Code				
	\$270.00		PO Box 1		- 9,	, ,					
	,										
			Austin, T	< 78761							
8	PURPOSE	(a)	Category	(See Categori	es listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Fees					_		ide of Texas. Com	
								VAN	n, TX	, officeholder living	expense
								VAIN			
Ļ	Computate ONLL V if diseast	<u> </u>	20 m di doto /C	٠ ٤ ٤: ما ما ما		Office				Office le	al al
9	Complete ONLY if direct expenditure to benefit C/OI	Н	Candidate/C	nncenolaei	name	Office s	ougni			Office he	eiu
_											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 17/17 Guzman, Monica A. 00090757 4 Date Payee name 11/24/2021 USPS PO Boxes Online 6 Amount (\$) Payee address; City; State; Zip Code \$51.00 8557 Research Blvd Ste 124 Reimbursement from political contributions intended Austin, TX 78758 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Above address is for the Town North USPS station Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH