

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090757		2 Total pages filed: 14		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Monica A.		Date Received ELECTRONICALLY FILED 01/17/2022		
	NICKNAME LAST SUFFIX Guzman		Date Hand-delivered or Date Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff		Receipt # Amount
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit		
	<input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)		
5 ORIGINAL PERIOD COVERED	Month Day Year 11/22/2021	THROUGH	Month Day Year 12/16/2021	Date Imaged	

6 EXPLANATION OF CORRECTION

On Jan 5, 2022, received email from the City of Austin; subj "Action Required: 30th Day Correction Report". They discovered a glitch in the E-filing system, requiring candidates "... submit a 30th day correction report removing the contributions/expenditures you originally listed from December 17 to December 26, 2021, if any."

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Monica A. Guzman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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 complete this form.		1 Filer ID (Ethics Commission Filers) 00090757		2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Monica A.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/17/2022		
	NICKNAME LAST SUFFIX Guzman				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 180883 Austin, TX 78751-0883		Date Hand-delivered or Date Postmarked		
			Receipt # Amount		
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Randall E.				
	NICKNAME LAST SUFFIX Teich				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9201 Quail Hill Cir Austin, TX 78758				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 426-7769				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11/22/2021 12/16/2021				
10 ELECTION	ELECTION DATE Month Day Year 01/25/2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Council Member, District 4 Place Austin District 4		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Guzman, Monica A.	14 Filer ID (Ethics Commission Filers) 00090757
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	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)	\$	3,747.48
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	933.72
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,773.83
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100.00

17 AFFADAVIT		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;">Monica A. Guzman</div><div style="border-bottom: 1px solid black; width: 400px;"></div></div> <p style="text-align: center;">Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Guzman, Monica A.		19 Filer ID (Ethics Commission Filers) 00090757
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,547.48
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 882.72
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 51.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 5/14
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Linda <hr/> 6 Contributor address; City; State; Zip Code 4104 Turkey Creek Dr Austin, TX 78730	7 Amount of Contribution (\$) \$210.84
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Austin Neighborhood Organization
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue, Sally <hr/> Contributor address; City; State; Zip Code 4701 Staggerbrush Rd Apt 428 Austin, TX 78749	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Transitions Coach and Consultant		Employer (See Instructions) Sally Blue Consulting
Date 12/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Garry <hr/> Contributor address; City; State; Zip Code 3802 Hawkshead Dr Austin, TX 78727	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Williamson County
Date 12/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Brandi <hr/> Contributor address; City; State; Zip Code 4509 Sinclair Ave Austin, TX 78756	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Environmentality Inc
Date 12/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderón, Sara <hr/> Contributor address; City; State; Zip Code 6304 Libyan Dr Austin, TX 78745	Amount of Contribution (\$) \$21.37
Principal occupation / Job title (See Instructions) Founder & CEO		Employer (See Instructions) TerceraDev

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 6/14
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 11/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denkler, Ann <hr/> 6 Contributor address; City; State; Zip Code 6112 Highlandale Dr Austin, TX 78731	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Clerk		9 Employer (See Instructions) Travis County
Date 12/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garay, Ricardo <hr/> Contributor address; City; State; Zip Code 561 Bridgestone Way Buda, TX 78610	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Dell Medical School
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jaime <hr/> Contributor address; City; State; Zip Code 5700 Terravista Dr Austin, TX 78735	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Extend-a-Care YMCA
Date 12/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Christine <hr/> Contributor address; City; State; Zip Code 1701 Springlake Dr Dripping Springs, TX 78620	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Principal Coach & Organizational Designer		Employer (See Instructions) Self-employed
Date 12/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzmán, Michele <hr/> Contributor address; City; State; Zip Code 3207 Benbrook Dr Austin, TX 78757	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) TriWest Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 7/14
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/09/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzmán, Peter <hr/> 6 Contributor address; City; State; Zip Code 8605 Shoal Creek Blvd Apt 125 Austin, TX 78757	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Education Consultant		9 Employer (See Instructions) College InRoads
Date 12/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David <hr/> Contributor address; City; State; Zip Code 1808 Kerr St Austin, TX 78704	Amount of Contribution (\$) \$368.74
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llanes Pulido, Carmen <hr/> Contributor address; City; State; Zip Code 4513 Elwood Rd Austin, TX 78722	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) GAVA
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejia, Michelle <hr/> Contributor address; City; State; Zip Code 2018 W Rundberg Ln Apt 7B Austin, TX 78748	Amount of Contribution (\$) \$31.89
Principal occupation / Job title (See Instructions) Early Childhood Health Equity Organizer		Employer (See Instructions) GAVA
Date 12/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Laura <hr/> Contributor address; City; State; Zip Code 225 Drury Ln Austin, TX 78737	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Organizing Director		Employer (See Instructions) GAVA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 8/14
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Bryan <hr/> 6 Contributor address; City; State; Zip Code 11300 Ptarmigan Cv Austin, TX 78758	7 Amount of Contribution (\$) \$42.42
8 Principal occupation / Job title (See Instructions) Driver/Assistant		9 Employer (See Instructions) Perryman Group
Date 12/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jessica <hr/> Contributor address; City; State; Zip Code 106 Red Oak St S Weatherford, TX 76087	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Field Organizer		Employer (See Instructions) Greg Casar for Congress
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sager, Jessica <hr/> Contributor address; City; State; Zip Code 5203 Hedgewood Dr Austin, TX 78745	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) JHS Coaching and Consulting
Date 12/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Maria <hr/> Contributor address; City; State; Zip Code PO Box 41504 Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Care Coordinator		Employer (See Instructions) El Buen Samaritano
Date 12/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teich, Ann <hr/> Contributor address; City; State; Zip Code 9201 Quail Hill Cir Austin, TX 78758	Amount of Contribution (\$) \$210.84
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 5/5 Rpt: 9/14

2 FILER NAME
Guzman, Monica A.

3 Filer ID (Ethics Commission Filers)
00090757

4 Date
12/05/2021

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Weiner, Shulamith

7 Amount of Contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
8402 Appalachian Dr
Austin, TX 78759

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/14	
2 FILER NAME Guzman, Monica A.				3 Filer ID (Ethics Commission Filers) 00090757	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 12/06/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pimiento, Susana			8 Amount of contribution (\$) \$400.00	9 In-kind contribution description translation services
7 Contributor address; City; State; Zip Code 3103 Powell Cir Austin, TX 78704			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Certified Interpreter/			11 Employer (FOR NON-JUDICIAL) (See instructions) Owner		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulido, Juan Carlos			Amount of contribution (\$) \$400.00	In-kind contribution description campaign graphics
Contributor address; City; State; Zip Code 4513 Elwood Rd Austin, TX 78722			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) graphic designer			Employer (FOR NON-JUDICIAL) (See instructions) self-employed		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Rene			Amount of contribution (\$) \$400.00	In-kind contribution description photography
Contributor address; City; State; Zip Code 2008 Ford St Austin, TX 78704			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Manager, Media Services			Employer (FOR NON-JUDICIAL) (See instructions) Austin Community College		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/14
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/30/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzmán, Monica	9 Loan Amount (\$) \$100.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 8400 Jamestown Dr Apt 426 Austin, TX 78758	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 (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 12/14	2 FILER NAME Guzman, Monica A.	3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/16/2021	5 Payee name City of Austin	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 301 W 2nd St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee for January 2022 Special Election (ballot application)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2021	Payee name DonateWay	
Amount (\$) \$82.47	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703-1267	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense process fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2021	Payee name FedEx Office Print & Ship Center	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 9222 Burnet Rd Ste 101 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense copies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 13/14	2 FILER NAME Guzman, Monica A.	3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/13/2021	5 Payee name FedEx Office Print & Ship Center	
6 Amount (\$) \$28.95	7 Payee address; City; State; Zip Code 9222 Burnet Rd Ste 101 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense print order
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2021	Payee name Texas Democratic Party	
Amount (\$) \$270.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 14/14	2 FILER NAME Guzman, Monica A.	3 Filer ID (Ethics Commission Filers) 00090757
4 Date 11/24/2021	5 Payee name USPS PO Boxes Online	
6 Amount (\$) \$51.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8557 Research Blvd Ste 124 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Above address is for the Town North USPS station
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held