

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090443		2 Total pages filed: 12		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Vanessa			
		NICKNAME LAST SUFFIX Fuentes		Date Received ELECTRONICALLY FILED 01/08/2023	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year 01/01/2022 THROUGH 06/30/2022		Receipt # Amount Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

Accidental omission of Campaign Contributions Maintained and Interest gained from the campaign bank account. This was an error and the original report was made in good faith.

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.

Vanessa Fuentes

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) 00090443		2 Total pages filed: 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Vanessa		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/08/2023		
	NICKNAME LAST SUFFIX Fuentes				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 18004 Austin, TX 78760			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Blanca E. Zamora				
	NICKNAME LAST SUFFIX Garcia				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5700 baythorne Austin, TX 78747				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 789-6716				
8 REPORT TYPE	<input 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 checked="" 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 01/01/2022 06/30/2022				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Council Member, District 2 Place 2 District 2 Travis			12 OFFICE SOUGHT (if known) Council Member, District 2	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Fuentes, Vanessa	14 Filer ID	(Ethics Commission Filers)
		00090443	

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)	\$	0.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	346.19
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	235.29
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,278.71

17 AFFADAVIT

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.

Vanessa Fuentes

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

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 Fuentes, Vanessa		19 Filer ID (Ethics Commission Filers) 00090443
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 346.19
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 346.19
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.06

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/4 Rpt: 5/12
2 FILER NAME Fuentes, Vanessa		3 Filer ID (Ethics Commission Filers) 00090443
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 06/23/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Christian Vanessa (The Honorable)	9 Loan Amount (\$) \$30.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code PO Box 18004 Austin, TX 78760	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) City Council Member		13 Employer (See Instructions) City of Austin
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input 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 (See Instructions)
Date of loan 02/06/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Christian Vanessa (The Honorable)	Loan Amount (\$) \$24.52
Is lender a financial institution? No	Lender address; City; State; Zip Code PO Box 18004 Austin, TX 78760	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) City Council Member		Employer (See Instructions) City of Austin
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/4 Rpt: 6/12	
2 FILER NAME Fuentes, Vanessa		3 Filer ID (Ethics Commission Filers) 00090443	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 03/06/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Christian Vanessa (The Honorable)		9 Loan Amount (\$) \$24.52
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code PO Box 18004 Austin, TX 78760		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) City Council Member		13 Employer (See Instructions) City of Austin	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input 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)	
Date of loan 04/06/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Christian Vanessa (The Honorable)		Loan Amount (\$) \$24.52
Is lender a financial institution? No	Lender address; City; State; Zip Code PO Box 18004 Austin, TX 78760		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) City Council Member		Employer (See Instructions) City of Austin	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/4 Rpt: 7/12	
2 FILER NAME Fuentes, Vanessa		3 Filer ID (Ethics Commission Filers) 00090443	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 05/06/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Christian Vanessa (The Honorable)		9 Loan Amount (\$) \$24.52
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code PO Box 18004 Austin, TX 78760		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) City Council Member		13 Employer (See Instructions) City of Austin	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input 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)	
Date of loan 06/06/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Christian Vanessa (The Honorable)		Loan Amount (\$) \$36.25
Is lender a financial institution? No	Lender address; City; State; Zip Code PO Box 18004 Austin, TX 78760		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) City Council Member		Employer (See Instructions) City of Austin	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 4/4 Rpt: 8/12

2 FILER NAME
Fuentes, Vanessa

3 Filer ID (Ethics Commission Filers)
00090443

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
02/26/2022

7 Name of lender ☐ out-of-state PAC (ID#: _____)
Fuentes, Christian Vanessa (The Honorable)

9 Loan Amount (\$)
\$181.86

6 Is lender a
financial
institution?
No

8 Lender address; City; State; Zip Code
PO Box 18004

Austin, TX 78760

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)
City Council Member

13 Employer (See Instructions)
City of Austin

14 Description of Collateral
☒ None

15 Check if personal funds were deposited into political account
(See Instructions)
☐

16 GUARANTOR
INFORMATION
☒ not applicable

17 Name of guarantor
.....
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

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: 1/3 Rpt: 9/12	2 FILER NAME Fuentes, Vanessa	3 Filer ID (Ethics Commission Filers) 00090443
4 Date 06/23/2022	5 Payee name Action Network	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1900 L Street NW, Suite 900 Washington DC, DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Organizing Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile Organizing Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2022	Payee name Mailchimp	
Amount (\$) \$24.52	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail Marketing Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Newsletter Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2022	Payee name Mailchimp	
Amount (\$) \$24.52	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail Marketing Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital newsletter software
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: 2/3 Rpt: 10/12	2 FILER NAME Fuentes, Vanessa	3 Filer ID (Ethics Commission Filers) 00090443
4 Date 04/06/2022	5 Payee name Mailchimp	
6 Amount (\$) \$24.52	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail Marketing Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Newsletter Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2022	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$24.52	Payee name Mailchimp	
	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail Marketing Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Newsletter Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/06/2022	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$36.25	Payee name Mailchimp	
	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) E-mail Marketing Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Newsletter Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 3/3 Rpt: 11/12	2 FILER NAME Fuentes, Vanessa	3 Filer ID (Ethics Commission Filers) 00090443
4 Date 02/26/2022	5 Payee name Wix	
6 Amount (\$) \$181.86	7 Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Hosting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Website Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 12/12

2 FILER NAME
Fuentes, Vanessa

3 Filer ID (Ethics Commission Filers)
00090443

4 Date
06/30/2022

5 Name of person from whom amount is received
RBFCU

8 Amount (\$)
\$0.06

6 Address of person from whom amount is received; City; State; Zip Code
P.O. Box 2097
Universal City, TX 78148

7 Purpose for which amount is received
Interest on campaign account

☐ Check if political contribution returned to filer