



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME Guzman, Monica 14 ACCOUNT # (Ethics Commission filers) 41966827

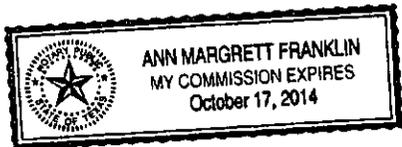
15 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ...

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | 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)                                  | \$ 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.

*[Handwritten 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.

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





# 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.

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The INSTRUCTION GUIDE explains how to complete this form.

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

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