

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090757		2 Total pages filed: 17		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Monica A.	MI MI	ELECTRONICALLY FILED 12/27/2021	
	NICKNAME	LAST Guzman	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	<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)			
	<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 12/26/2021		

6 EXPLANATION OF CORRECTION

I needed to add in three in-kind contributions, each worth \$400.

Since I am new the the e-filing system, I am requesting a waiver or reduction of the late-filing penalty in the event one might be imposed.

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 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

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$	5,053.33
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,039.50
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 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.

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 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
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,053.33
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	\$ 100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 988.50
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: 1/8 Rpt: 5/17
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Chris <hr/> 6 Contributor address; City; State; Zip Code 1406 W 39th 1/2 St Austin, TX 78756	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Self-employed
Date 12/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Josephine <hr/> Contributor address; City; State; Zip Code 8124 Forshey St New Orleans, LA 70118	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Linda <hr/> Contributor address; City; State; Zip Code 4104 Turkey Creek Dr Austin, TX 78730	Amount of Contribution (\$) \$210.84
Principal occupation / Job title (See Instructions) Retired		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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 6/17
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchholtz, Patricia	7 Amount of Contribution (\$) \$105.58
6 Contributor address; City; State; Zip Code 4025 Camacho St Austin, TX 78723		
8 Principal occupation / Job title (See Instructions) Co-Founder and Partner		9 Employer (See Instructions) lookthinkmake
Date 12/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleson, John	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 5201 English Glade Dr Austin, TX 78724		
Principal occupation / Job title (See Instructions) Senior QA		Employer (See Instructions) Accenture
Date 12/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Brandi	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 4509 Sinclair Ave Austin, TX 78756		
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	Amount of Contribution (\$) \$21.37
Contributor address; City; State; Zip Code 6304 Libyan Dr Austin, TX 78745		
Principal occupation / Job title (See Instructions) Founder & CEO		Employer (See Instructions) TerceraDev
Date 11/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denkler, Ann	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 6112 Highlandale Dr Austin, TX 78731		
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Travis County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 7/17
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, James	7 Amount of Contribution (\$) \$421.37
6 Contributor address; City; State; Zip Code 11405 Pradera Dr Austin, TX 78759		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garay, Ricardo	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 561 Bridgestone Way Buda, TX 78610		
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	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 5700 Terravista Dr Austin, TX 78735		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Extend-a-Care YMCA
Date 12/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaven, Glenn	Amount of Contribution (\$) \$13.12
Contributor address; City; State; Zip Code 5730B Wellington Dr Austin, TX 78723		
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Bill Doran Company
Date 12/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Christine	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1701 Springlake Dr Dripping Springs, TX 78620		
Principal occupation / Job title (See Instructions) Principal Coach & Organizational Designer		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 8/17
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/06/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzmán, Michele <hr/> 6 Contributor address; City; State; Zip Code 3207 Benbrook Dr Austin, TX 78757	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) TriWest Group
Date 12/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzmán, Peter <hr/> Contributor address; City; State; Zip Code 8605 Shoal Creek Blvd Apt 125 Austin, TX 78757	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Education Consultant		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 12/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiolbassa, Jolene <hr/> Contributor address; City; State; Zip Code 3007 West Ave Austin, TX 78705	Amount of Contribution (\$) \$40.00
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 9/17
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucio, Ricardo <hr/> 6 Contributor address; City; State; Zip Code 1101 Rio Hondo Rd Harlingen, TX 78550	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Barbara <hr/> Contributor address; City; State; Zip Code 5700 Clay Ave Austin, TX 78756	Amount of Contribution (\$) \$31.89
Principal occupation / Job title (See Instructions) Research Affiliate		Employer (See Instructions) UT Austin
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 12/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitcham, Gail <hr/> Contributor address; City; State; Zip Code 8400 Jamestown Dr Apt 428 Austin, TX 78758	Amount of Contribution (\$) \$58.21
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#: _____) 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: 6/8 Rpt: 10/17
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 12/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pimiento, Susana <hr/> Contributor address; City; State; Zip Code 3103 Powell Cir Austin, TX 78704	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self-employed
Date 12/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polunsky, Steven <hr/> Contributor address; City; State; Zip Code 8006 Meadowlake Drive W Northport, AL 35473	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Director, Transportation Policy Research Center		Employer (See Instructions) Alabama Transportation Institute
Date 12/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pry, Patricia <hr/> Contributor address; City; State; Zip Code 907 Hermitage Dr Austin, TX 78753	Amount of Contribution (\$) \$42.42
Principal occupation / Job title (See Instructions) Co-Owner		Employer (See Instructions) Elevate Bartending
Date 12/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulido, Juan Carlos <hr/> Contributor address; City; State; Zip Code 4513 Elwood Rd Austin, TX 78722	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Graphics designer		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 11/17
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Rene <hr/> 6 Contributor address; City; State; Zip Code 2008 Ford St Austin, TX 78704	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Manager, Media Services		9 Employer (See Instructions) Austin Community College
Date 12/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Gilbert <hr/> Contributor address; City; State; Zip Code 1000 Glen Oaks Ct Austin, TX 78702	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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 12/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Samir <hr/> Contributor address; City; State; Zip Code 8716 Little Laura Dr Austin, TX 78757	Amount of Contribution (\$) \$211.89
Principal occupation / Job title (See Instructions) Chief Marketing Officer		Employer (See Instructions) Khaana Marketing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 12/17
2 FILER NAME Guzman, Monica A.		3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/05/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Maria <hr/> 6 Contributor address; City; State; Zip Code PO Box 41504 Austin, TX 78704	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Care Coordinator		9 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
Date 12/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, Phyllis <hr/> Contributor address; City; State; Zip Code 606 W Croslin St Austin, TX 78752	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Shulamith <hr/> Contributor address; City; State; Zip Code 8402 Appalachian Dr Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaragoza, Nuria <hr/> Contributor address; City; State; Zip Code 1908 Cliff St Austin, TX 78705	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self-employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/17
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: 1/3 Rpt: 14/17	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 12/26/2021		Payee name DonateWay		
	Amount (\$) \$145.16		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 fee for online contributions		
		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: 2/3 Rpt: 15/17	2 FILER NAME Guzman, Monica A.	3 Filer ID (Ethics Commission Filers) 00090757
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4 Date 12/13/2021	5 Payee name FedEx Office Print & Ship Center
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6 Amount (\$) \$28.95	7 Payee address; City; State; Zip Code 9222 Burnet Rd Ste 101 Austin, TX 78758
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/21/2021	Payee name HEB
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Amount (\$) \$18.64	Payee address; City; State; Zip Code 9414 N Lamar Blvd Austin, TX 78753
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Dec 21 Meet & Greet - refreshments, plastic utensils, paper cups
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/21/2021	Payee name Mi Tradicion
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Amount (\$) \$24.45	Payee address; City; State; Zip Code 8716 Research Blvd Ste 290 Austin, TX 78758
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Dec 21 Meet & Greet - refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 16/17	2 FILER NAME Guzman, Monica A.	3 Filer ID (Ethics Commission Filers) 00090757
4 Date 12/14/2021	5 Payee name Texas Democratic Party	
6 Amount (\$) \$270.00	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
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 VAN
9 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 17/17	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