

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 Monica A.		MI	ELECTRONICALLY FILED 01/17/2022	
	NICKNAME	LAST Guzman		SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<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	Month	Day	Year
		11/22/2021		THROUGH		12/16/2021

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 Monica A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/17/2022			
	NICKNAME	LAST Guzman	SUFFIX				
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 Randall E.	MI				
	NICKNAME	LAST Teich	SUFFIX				
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			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	01/25/2022			<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			

GO TO PAGE 2

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 <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)	\$	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

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 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	7 Amount of Contribution (\$) \$52.95
	6 Contributor address; City; State; Zip Code 8605 Shoal Creek Blvd Apt 125 Austin, TX 78757	
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	Amount of Contribution (\$) \$368.74
	Contributor address; City; State; Zip Code 1808 Kerr St Austin, TX 78704	
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	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 4513 Elwood Rd Austin, TX 78722	
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	Amount of Contribution (\$) \$31.89
	Contributor address; City; State; Zip Code 2018 W Rundberg Ln Apt 7B Austin, TX 78748	
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	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 225 Drury Ln Austin, TX 78737	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Shulamith 6 Contributor address; City; State; Zip Code 8402 Appalachian Dr Austin, TX 78759	7 Amount of Contribution (\$) \$250.00
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		
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		
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		
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 13/14	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 12/14/2021	Payee name Texas Democratic Party
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Amount (\$) \$270.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761
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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
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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 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: 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