

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|---|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / <u>MR</u> | FIRST <u>SAM</u> | MI |
| | NICKNAME | LAST <u>GUZMAN</u> | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; <u>3305</u> <u>SANTA MONICA</u> | APT / SUITE #; | CITY; STATE; ZIP CODE <u>Austin, TX 78741</u> |
| | AREA CODE <u>(512)</u> | PHONE NUMBER <u>796-2179</u> | EXTENSION |
| 5 CANDIDATE / OFFICEHOLDER PHONE | MS / MRS / MR | FIRST <u>Rebecca</u> | MI |
| | NICKNAME | LAST <u>Ledosma Menchaca</u> | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | <u>3201 Catalina</u> <u>Austin, TX 78741</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <u>(512)</u> | PHONE NUMBER <u>917-4907</u> | EXTENSION |
| | 9 REPORT TYPE | | |
| <input checked="" 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) | | | OFFICE USE ONLY Date Received <u>'13 JAN 15 PM6:01:21</u> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged |
| <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | | Month Day Year <u> / /</u> | THROUGH Month Day Year <u> / /</u> |
| 11 ELECTION | | ELECTION DATE Month Day Year <u>11 / 6 / 12</u> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | | OFFICE HELD (if any) <u>AISD TRUSTEE</u> | 13 OFFICE SOUGHT (if known) <u>AISD TRUSTEE</u> |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

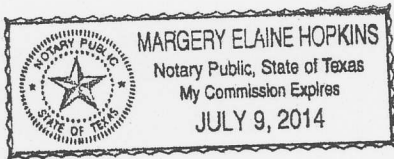
**FORM C/OH
COVER SHEET PG 2**

| | |
|--|--|
| 14 C/OH NAME <i>SAM GUZMAN</i> | 15 ACCOUNT # (Ethics Commission Filers) |
|--|--|

| | | |
|--|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | 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. | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | <input type="checkbox"/> additional pages | |
| | | |
| | | |

| | | |
|--------------------------------|---|-------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <i>ϕ</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>1600</i> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <i>ϕ</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>6528.16</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>6853.13</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>ϕ</i> |

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Sam Guzman*, this the *15th* day of *January*, 20 *13*, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins *Margery Elaine Hopkins* *Excc. Assit.*
 Signature of officer administering oath Printed 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 Total pages Schedule A: | |
| 2 FILER NAME <i>SAM SUZMAN</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>11-1-12</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOMMY COWAN</i> | 7 Amount of contribution (\$) <i>200.</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>1412 Collier St. Austin, TX 78704</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>11-1-12</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK CURRY</i> | Amount of contribution (\$) <i>250.</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>11-1-12</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KARL CERNY</i> | Amount of contribution (\$) <i>150.</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>6301 Shadow Mountain Dr. Austin, TX 78731</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>11-2-12</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AUSTIN KIDS FIRST</i> | Amount of contribution (\$) <i>1000.</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. BOX 302107 Austin, TX 78703</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME <i>JAM Guzman</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|--|---|

| | |
|----------------------------------|---|
| 4 Date <i>10-30-12</i> | 5 Payee name <i>Elias Barrrientos</i> |
|----------------------------------|---|

| | |
|-------------------------------------|--|
| 6 Amount (\$) <i>500.</i> | 7 Payee address; City; State; Zip Code <i>2106 Gem Circle Austin, TX 78704</i> |
|-------------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Campaign Office Manager</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date <i>10-27-12</i> | Payee name <i>Adriana Delgado</i> |
|-------------------------|--------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) <i>32.</i> | Payee address; City; State; Zip Code <i>2180 Bermet Dr. Austin TX 78745</i> |
|---------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date <i>10-27-12</i> | Payee name <i>Ronnie Luna</i> |
|-------------------------|----------------------------------|

| | |
|---------------------------|--|
| Amount (\$) <i>40.</i> | Payee address; City; State; Zip Code <i>1113 Lydia St. Austin, TX 78702</i> |
|---------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date <i>10-27-12</i> | Payee name <i>Victoria Rendon</i> |
|-------------------------|--------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) <i>40.</i> | Payee address; City; State; Zip Code <i>5526 Pinto Dr. Austin, TX 78745</i> |
|---------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F: | 2 FILER NAME DAM GUZMAN | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 10.27-12 | 5 Payee name Javier Rondon | |
| 6 Amount (\$) 40. | 7 Payee address; City; State; Zip Code 5526 PINO DR. AUSTIN, TX 78745 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Campaign Worker | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10.27-12 | Payee name Annette Alvarez | |
| Amount (\$) 40. | Payee address; City; State; Zip Code 5526 PINO DR. AUSTIN, TX 78745 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Worker | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10.27-12 | Payee name Valerie Mendoza | |
| Amount (\$) 56. | Payee address; City; State; Zip Code 8201 RIVERVIEW DR. AUSTIN, TX 78702 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Worker | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10.27-12 | Payee name Angie Benividez | |
| Amount (\$) 40. | Payee address; City; State; Zip Code 6800 PLEASANT VALLEY AUSTIN, TX 78723 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Worker | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|-----------------------------------|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>SAM GUZMAN</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|-----------------------------------|--|

| | |
|---------------------------|---|
| 4 Date <i>10-27-12</i> | 5 Payee name <i>Maricela Delgado</i> |
|---------------------------|---|

| | |
|-----------------------------|--|
| 6 Amount (\$) <i>40.</i> | 7 Payee address; City; State; Zip Code <i>2800 Haskell St. Austin, TX 78702</i> |
|-----------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-------------------------------------|
| Date <i>10-27-12</i> | Payee name <i>Bertha Delgado</i> |
|-------------------------|-------------------------------------|

| | |
|----------------------------|--|
| Amount (\$) <i>106.</i> | Payee address; City; State; Zip Code <i>2800 Haskell St. Austin, TX 78702</i> |
|----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Coordinator</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date <i>11-2-12</i> | Payee name <i>ENCINO Broadcasting</i> |
|------------------------|--|

| | |
|----------------------------|---|
| Amount (\$) <i>500.</i> | Payee address; City; State; Zip Code <i>2434 Parkfield Dr Austin, TX</i> |
|----------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Radio</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date <i>11-3-12</i> | Payee name <i>ENCINO Broadcasting</i> |
|------------------------|--|

| | |
|-----------------------------|--|
| Amount (\$) <i>1000.</i> | Payee address; City; State; Zip Code <i>2434 Parkfield Dr. Austin, TX</i> |
|-----------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Radio</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>SAM SUZMAN</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>11-4-12</i> | | 5 Payee name <i>Juan - m - a - million</i> | | | |
| 6 Amount (\$) <i>\$145.12</i> | | 7 Payee address; City; State; Zip Code <i>Austin, TX</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Food for Volunteers</i> | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>11.4.12</i> | | Payee name <i>Medina Consulting</i> | | | |
| Amount (\$) <i>1537.86</i> | | Payee address; City; State; Zip Code <i>320 EL PASO San Antonio TX 78202</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Mailers</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>11-5-12</i> | | Payee name <i>Opinion Strategies</i> | | | |
| Amount (\$) <i>600.</i> | | Payee address; City; State; Zip Code <i>7123 Throck View Ln San Antonio, TX</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Phone calling/outreach</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>11-6-12</i> | | Payee name <i>Adam Mojica</i> | | | |
| Amount (\$) <i>56.</i> | | Payee address; City; State; Zip Code <i>8102 Navasota Austin, TX 78702</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME SAM GUZMAN | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 11-6-12 | | 5 Payee name Liz Martinez | | | |
| 6 Amount (\$) 40. | | 7 Payee address; City; State; Zip Code 4800 Garden Austin, TX 78702 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Campaign Worker | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 11-6-12 | | Payee name Silver Martinez | | | |
| Amount (\$) 40. | | Payee address; City; State; Zip Code 4800 Garden Austin, TX 78702 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Worker | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 11-6-12 | | Payee name Sergio Silva | | | |
| Amount (\$) 40. | | Payee address; City; State; Zip Code 411 Rambel Ln. Austin, TX 78745 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Worker | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 11-6-12 | | Payee name Edward Rendon III | | | |
| Amount (\$) 40. | | Payee address; City; State; Zip Code 2100 Shep Ln. Austin, TX 78721 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Worker | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME <i>Sam Guzman</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|--|---|

| | |
|---------------------------------|---|
| 4 Date <i>11-6-12</i> | 5 Payee name <i>Paul Rendon</i> |
|---------------------------------|---|

| | |
|------------------------------------|--|
| 6 Amount (\$) <i>40.</i> | 7 Payee address; City; State; Zip Code <i>2101 Shep Ln Austin TX 78721</i> |
|------------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------------|
| Date <i>11-6-12</i> | Payee name <i>Edward Rendon IV</i> |
|------------------------|---------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) <i>40.</i> | Payee address; City; State; Zip Code <i>2101 Shep Ln. Austin TX 78721</i> |
|---------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------------|
| Date <i>11-6-12</i> | Payee name <i>Desere Hernandez</i> |
|------------------------|---------------------------------------|

| | |
|---------------------------|---|
| Amount (\$) <i>40.</i> | Payee address; City; State; Zip Code <i>1707 Haskell Austin TX 78702</i> |
|---------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|------------------------------------|
| Date <i>11-6-12</i> | Payee name <i>Roland Garcia</i> |
|------------------------|------------------------------------|

| | |
|----------------------------|---|
| Amount (\$) <i>113.</i> | Payee address; City; State; Zip Code <i>905 E. 7th St. Austin TX</i> |
|----------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|-----------------------------------|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>JAM GUZMAN</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|-----------------------------------|--|

| | |
|--------------------------|--|
| 4 Date <i>11-6-12</i> | 5 Payee name <i>CAROLINE RONDON</i> |
|--------------------------|--|

| | |
|-----------------------------|---|
| 6 Amount (\$) <i>40.</i> | 7 Payee address; City; State; Zip Code <i>1701 Haskell Austin TX 78702</i> |
|-----------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date <i>11-6-12</i> | Payee name <i>Edward Rondon Jr.</i> |
|------------------------|--|

| | |
|---------------------------|--|
| Amount (\$) <i>40.</i> | Payee address; City; State; Zip Code <i>1707 Haskell Austin, TX 78702</i> |
|---------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|-----------------------------------|
| Date <i>11-6-12</i> | Payee name <i>SHAWN RONDON</i> |
|------------------------|-----------------------------------|

| | |
|---------------------------|---|
| Amount (\$) <i>40.</i> | Payee address; City; State; Zip Code <i>2101 Shep. Ln Austin, TX 78702</i> |
|---------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|----------------------------------|
| Date <i>11-6-12</i> | Payee name <i>Mark Rondon</i> |
|------------------------|----------------------------------|

| | |
|---------------------------|---|
| Amount (\$) <i>40.</i> | Payee address; City; State; Zip Code <i>2101 Shep Ln. Austin, TX 78721</i> |
|---------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Campaign Worker</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|------------------------------------|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>SAM STUZMAN</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|------------------------------------|--|

| | |
|---------------------------|--|
| 4 Date <i>11-24-12</i> | 5 Payee name <i>Elias Boviernos</i> |
|---------------------------|--|

| | |
|------------------------------|---|
| 6 Amount (\$) <i>500.</i> | 7 Payee address; City; State; Zip Code <i>2106 Glen Circle Austin TX 78704</i> |
|------------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Campaign Office Manager</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date <i>11-27-12</i> | Payee name <i>Rick Wallen</i> |
|-------------------------|----------------------------------|

| | |
|----------------------------|--|
| Amount (\$) <i>300.</i> | Payee address; City; State; Zip Code <i>905 E. 7th. Austin TX</i> |
|----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Headquarters Utilities</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date <i>11-27-12</i> | Payee name <i>Richard Maya</i> |
|-------------------------|-----------------------------------|

| | |
|------------------------------|--|
| Amount (\$) <i>402.18</i> | Payee address; City; State; Zip Code <i>3801 Fardo Austin, TX 78739</i> |
|------------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Headquarters / Office Supplies</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED