

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: 4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <u>Sam</u> LAST NICKNAME LAST SUFFIX <u>GUZMAN</u>	OFFICE USE ONLY
		Date Received <u>'12 OCT 9 PM 5:36:54</u>

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3305 SANTA MONICA</u> <u>AUSTIN, TX 78741</u>
Date Hand-delivered or Postmarked	
Receipt #	Amount

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 796-2179</u>
Date Processed	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>Rebecca Losdosma</u> LAST NICKNAME LAST SUFFIX	Date Imaged
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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>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 917-4907</u>
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9 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>8 / 23 / 12</u> <u>9 / 27 / 12</u>
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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
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12 OFFICE OFFICE HELD (if any) <u>ASST TRUSTEE</u> <u>PLACE 2</u>	13 OFFICE SOUGHT (if known)
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 130.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4405.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 100.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3894.59

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

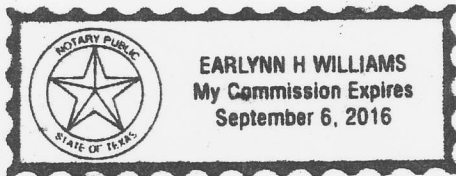
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sam Guzman, this the 9th day of October, 2012, to certify which, witness my hand and seal of office.

Earlynn H Williams
Signature of officer administering oath

EARLYNN H. WILLIAMS
Printed name of officer administering oath

Notary
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:

1013

2 FILER NAME

SAM GUZMAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/4/12

5 Full name of contributor

 out-of-state PAC (ID#: _____)

Pete Montoya

7 Amount of contribution (\$)

\$ 200

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2902 Prado
Austin, TX 78702

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/4/12

Full name of contributor

 out-of-state PAC (ID#: _____)

MOTION SANCHEZ

Amount of contribution (\$)

\$ 75.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5934 Republic of TX.
Austin, TX 78735

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/12

Full name of contributor

 out-of-state PAC (ID#: _____)

A.M. BARRIENTOS

Amount of contribution (\$)

\$ 50.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2807 Waver Rd
Austin, TX 78741

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/12

Full name of contributor

 out-of-state PAC (ID#: _____)

FERNANDO TORRES

Amount of contribution (\$)

\$ 30.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2310 Shelby Oak Ln
Austin, TX 78748

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/12

Full name of contributor

 out-of-state PAC (ID#: _____)

Andrew Ramirez

Amount of contribution (\$)

\$ 500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10301 River Plantation
Austin, TX 78747

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 3

2 FILER NAME
Sam Guzman

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/20/12

5 Full name of contributor out-of-state PAC (ID#: _____)
Tom Funderberg

6 Contributor address; City; State; Zip Code
3405 Old Sagum Luling Rd.
Sagum, TX 78155

7 Amount of contribution (\$)
\$ 1000.

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/4/12

Full name of contributor out-of-state PAC (ID#: _____)
Glenario Chavez

Contributor address; City; State; Zip Code
5400 Jeffburn
Austin, TX 78745

Amount of contribution (\$)
\$ 50.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/28/12

Full name of contributor out-of-state PAC (ID#: _____)
Claudia Obregon

Contributor address; City; State; Zip Code
3 Wingreen
Austin, TX 78738

Amount of contribution (\$)
\$ 1000.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/4/12

Full name of contributor out-of-state PAC (ID#: _____)
Andrew Ramirez

Contributor address; City; State; Zip Code
10301 River Plantation
Austin, TX 78747

Amount of contribution (\$)
\$ 500.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/12/12

Full name of contributor out-of-state PAC (ID#: _____)
Frank Fuentes

Contributor address; City; State; Zip Code
320 Congress Ave.
Austin, TX 78702

Amount of contribution (\$)
\$ 500.

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: <u>3 of 3</u>
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2 FILER NAME <u>JAM GUZMAN</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>9/24/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lenia Juarez</u>	7 Amount of contribution (\$) <u>\$500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>14007 Berthshire Houston, TX 77079</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 1 of 1	2 FILER NAME DAM SUZMAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/2/12	5 Payee name Gabriel Salazar
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6 Amount (\$) \$100.	7 Payee address; City; State; Zip Code 320 El Paso St. San Antonio, TX 78202
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gasoline for Auto	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/12	Payee name Allied Advertising
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Amount (\$) \$1262.90	Payee address; City; State; Zip Code 3700 Blanco Rd. San Antonio, TX 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 4x8 Signs Vinyl Lapel Patches	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/5/12	Payee name Allied Advertising
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Amount (\$) \$1459.69	Payee address; City; State; Zip Code 3700 Blanco Rd. San Antonio, TX 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Yard Signs	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/12	Payee name M + G Enterprises
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Amount (\$) \$1072.	Payee address; City; State; Zip Code 6410 Ponca St. Austin, TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sign Assembly + Distribution	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED