

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:

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
DAM
SUZMAN

OFFICE USE ONLY

Date Received

'12 OCT 29 PM 4:58:12

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3305 Santa Monica
Austin, TX 78741

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 796-2179

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
Rebecca
Ledesma

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3201 Catalina
Austin, TX 78741

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 919-4907

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
/ / THROUGH / /

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 6 / 12

12 OFFICE

OFFICE HELD (if any)
AISD TRUSTEE
PLACE 2

13 OFFICE SOUGHT (if known)

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$ 375.00

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

\$ 14,625.

EXPENDITURE
TOTALS

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

\$ 148.80

4. TOTAL POLITICAL EXPENDITURES

\$ 6881.22

CONTRIBUTION
BALANCE

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

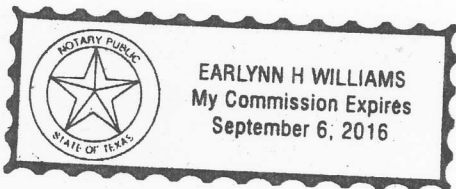
\$ 7,743.78

OUTSTANDING
LOAN TOTALS

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

\$

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sam Guzman, this the 29th day of October, 2012, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

EARLYNN H WILLIAMS
Printed name of officer administering oath

[Signature]
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:

4

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#: _____)

FROY SALINAS

6 Contributor address; City; State; Zip Code

3604 Harpers Ferry Ln
Austin TX 78749

7 Amount of contribution (\$)

\$ 200.

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#: _____)

ERNEST PEIDRAZA

Contributor address; City; State; Zip Code

4601 GRAND CYPRESS DR.
Austin TX 78741

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

10/15/12

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

Ian Lisnow

Contributor address; City; State; Zip Code

4432 Lost OASIS Hollow
Austin, TX 78739

Amount of contribution (\$)

\$ 100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/12

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

HARMON LISNOW

Contributor address; City; State; Zip Code

1371 SADDLE RIDGE RD.
LOMA, CO 81524

Amount of contribution (\$)

\$ 100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/12

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

JAN E. LAWSON

Contributor address; City; State; Zip Code

3629 QUIETTE
Austin TX 78754

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

3 of 4

2 FILER NAME

John Guzman

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: → → → → → →

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

10/17/12

John Hernandez

7 Pledgor address; City; State; Zip Code
2117 Barton Hills Dr.
Austin, TX 78704

\$ 100.

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

10/17/12

William Penny Jr.

7 Pledgor address; City; State; Zip Code
10611 Beckwood Dr.
Austin, TX 78726

\$ 50.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

10/17/12

Austin Kids First

7 Pledgor address; City; State; Zip Code
P.O. Box 302107
Austin, TX 78703

\$ 5000.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

10/17/12

David Negrete

7 Pledgor address; City; State; Zip Code
1405 Tamar Lane
Austin, TX 78729

\$ 500.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

10/17/12

Patricia Delgado

7 Pledgor address; City; State; Zip Code
4825 Grand Cypress
Austin, TX 78747

\$ 50.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A
3 of 4

2 FILER NAME

Sam Suzman

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/15/12

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

BROWN McCRAWLL-PAC

6 Contributor address; City; State; Zip Code

111 CONGRESS AVE #1400
Austin, TX 78701

7 Amount of contribution (\$)

\$250.

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

10/15/12

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

James Lee Davis

Contributor address; City; State; Zip Code

2110-B Boca Raton Dr.
Austin, TX 78747

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

10/17/12

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

Gonzalo Barrientas

Contributor address; City; State; Zip Code

2906 GEM CIRCLE
Austin, TX 78704

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

10/17/12

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

Jim Estrada

Contributor address; City; State; Zip Code

1502 Parkwood Dr.
Leander, TX 78641

Amount of contribution (\$)

\$25.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/12

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

Josephine Longoria

Contributor address; City; State; Zip Code

113 Cimmeron Cir.
Seguin, TX 78155

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

4 of 4

2 FILER NAME

Sam Guzman

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/17/12

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

Julio Limon

Contributor address; City; State; Zip Code

10401 Marueta Dr.
Austin, TX 78748

7 Amount of contribution (\$)

\$50.

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

10/23/12

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

Austin Kids First

Contributor address; City; State; Zip Code

P.O. Box 302107
Austin, TX 78703

Amount of contribution (\$)

\$7,500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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)

Date

Full name of contributor 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)

Date

Full name of contributor 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)

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	2 FILER NAME Sam Gluzman	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/22/12	5 Payee name Medina Consulting
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6 Amount (\$) \$ 3481.63	7 Payee address; City; State; Zip Code 3200 El Paso San Antonio
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(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 10/24/12	Payee name FACINO Broadcasting
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Amount (\$) \$ 1000.	Payee address; City; State; Zip Code 9434 PORTERFIELD Dr. Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Radio	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 10/24/12	Payee name Office Max
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Amount (\$) \$ 51.49	Payee address; City; State; Zip Code 9600 So. IH 35 Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies	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 10/25/12	Payee name Allied Advertising
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Amount (\$) \$ 859.59	Payee address; City; State; Zip Code 3700 Blanco Rd. San Antonio
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 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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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 of 2	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/26/12	5 Payee name Office Max
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6 Amount (\$) \$43.18	7 Payee address; City; State; Zip Code 9600 So. IH 35 Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Supplies	(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 10/26/12	Payee name Office Max
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Amount (\$) \$54.13	Payee address; City; State; Zip Code 9600 So. IH 35 Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies	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 10/27/12	Payee name Richard Moya
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Amount (\$) \$500.	Payee address; City; State; Zip Code 3801 Frate Cove Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expenses	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
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Date 10/29/12	Payee name Del Gross
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Amount (\$) \$1040.	Payee address; City; State; Zip Code 6410 Ponca Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sign - Labor	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