CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR LEONARD MI FOR record in my office NICKNAME LAST O'Clock A O'Clock		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Wilson County Clerk 916 Morray LA Floresville, Tx 78114 By 600 X. Mattures Dept		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 268-3578 Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME,	MS / MRS / MR FIRST MI Receipt # Amount \$ LONGING Date Processed NICKNAME LAST SUFFIX		
	Guzman Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 916 Murray An, Floresville, TX 78114		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 268-3578		
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 Month Day Year 10 / 26 / 2020 THROUGH 11 / 18 / 2020		
11 ELECTION	ELECTION TYPE Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) Wilson County Constable Pct. 1		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 F	Filer ID (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			
Additional Pages	,		·		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 6.		
	4. TOTAL	POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 2,122 <u>6</u> L		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY 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. Notary Public, State of Texas Comm. Expires 10/20/2024 Notary ID 13087002-0					
		Signature of Candid	ate or Officeholder		
AFFIX NOTARY STAN	MP/SEALABOVE				
Sworn to and subsci		by the said Leonard Guzman, to certify which, witness my hand and seal of office.	this the		
		Genevieur Marthez	notary		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath		

GENEVIEVE MARTINEZ Notary Public, State of Texas Comm Expires 10-20/2024 Notary ID 1308/1002-0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
Ţh	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	Leonard Guzman		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor				
	6 Contributor address; City; State				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City; Stat	e; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)		
	Contributor address; City; State				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City; Stat	e; Zip Code			
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	etions)		
=					
			•		
		•			
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see ins				

Forms provided by Texas Ethics Commission

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor		pense	Travel In District Travel Out Of District Other (enter a category not listed above)	
order data r dynierit		The Instruction Guide expl	lains how to co	omplete this form.	,	,
1 Total pages Schedule F1:	2 FILER N	ANAE A	zmar		3 Filer ID (Ethics Commission	n Filers)
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress; City; State;	Zìp Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of the	his schedule) ·		tside of Texas. Complete Schedule T., TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held	
Date	Payee na	ıme				
Amount (\$)	Payee ad	ddress; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of ti	his schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	
Date	Payee na	ame				
Amount (\$)	Payee ad	ddress; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of t	his schedule)		tside of Texas. Complete Schedule T., TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	i
	AT	TACH ADDITIONAL COPI	ES OF THIS S	SCHEDULE AS NEE	DED	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DUZMan 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check If travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check If Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check If travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check If travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"					
1	C/OH N	AME Leonard Guzman 2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE				
	l do not	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat-				
	ing a rep	port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign tions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signature of Candidate / Officeholder				
4	FILER	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder				
	A.	CAMPAIGN FUNDS				
	Check	conly one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS				
	Check	conly one:				
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
		Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Signature of Officeholder				