# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

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The C/OH Instruction Gu	IDE explains how to complete this for	m. 1 ACCO (Ethics 0007	Commission filers)	2 PAGE# 1 of 26	20
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE	USE ONEY &
OFFICEHOLDER NAME	Ms. Susana  NICKNAME LAST  Almanza		SUFFIX	Date Received	RECE UL 15
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX. APT / SUITE #: 6103 Larch Terrace Austin, TX 78741	CITY;	STATE; ZIP CODE	Date Hand-deliver	H C C C C C C C C C C C C C C C C C C C
Change of Address				Receipt#	Amount
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST Sylvia		MI	Date Processed	
NAME	NICKNAME LAST Herrera		suffix Ph.D.	Date imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 4926 E. Cesar Chavez, Bldg B Austin, TX 78702	APT / SUITE #;	CITY; STATE;	ZIP ÇODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 202-1511	-	EXTENSION		
8 REPORT TYPE		before election	Runoff  Exceeded \$500 limit	appointment (	r campaign treasurer (officeholder only) Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year 03/31/2014	THROUGH	Month Day 06/30/2		
10 ELECTION	· · · · · · · · · · · · · · · · · · ·	LECTION TYPE Primary	Runoff X		Special
11 OFFICE	OFFICE HELD (if any)	12	OFFICE SOUGHT (if known District 3	wn)	
	G	O TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT:**

# FORM C/OH

SUPPORT &	IUIALS		COVER	R SHEET PG Z		
13 C/OH NAME Almai	nza, Susana (Ms.)		14 ACCOUNT # 00078741	(Ethics Commission filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)  This box is for notice of political expenditures by political committees to support the candidate / c have been made without the candidate's or officeholder's knowledge or consent. Candidates and office information only if they receive notice of such expenditures  COMMITTEE NAME  COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,070.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,170.00		
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$						
	4. TOTAL I	POLITICAL EXPENDITURES	\$	3,789.16		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	7,581.00		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00		
17 AFFIDAVIT						
ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014  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 of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
of Tuy, 2		rtify which, witness my hand and seal of office.	, this the _	day		
Olym Mou Signature of officer admi	Mort Flank	Print name of officer administering cath	Notar Title of officer adm	u audistering oath		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/	17 Report: 3/26			
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Allen, Monica (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/08/2014	6 Contributor address; City; State; Zip Code 1313 Montopolis Dr. Austin, TX 78741		\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
<b>—</b>								
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/29/2014	Contributor address; City; State; Zip Code 6103 Larch Terrace Austin, TX 78741		\$10.00	[   			
		, , , , , , , , , , , , , , , , , , , ,		(If travel outside of	Texas, complete Schedule T)			
	Principal occup	aiion / Job title (See Instructions)	Employer (See In	l '	Texas, complete contents 17			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/08/2014	Contributor address; City; State; Zip Code 1900 Rinor Hills Ct. Pflugerville, TX 78660		\$250.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)				
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution			
		Brown, Christopher T. (Mr.)		contribution (\$)	description (if applicable)			
	05/08/2014	Contributor address; City; State; Zip Code 5013 Red Bluff Rd Austin, TX 78702		\$350.00	l 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In		· · · · · · · · · · · · · · · ·			
_	Date	Full name of contributor		Amount of	I la bind contribution			
	Date	Bullard, Robert (Mr.)	/	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/29/2014	Contributor address; City; State; Zip Code 7500 Kirby Drive, Apt 1425 Houston, TX 77030		\$100.00	 			
			;	(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In					

	The Instruction	ON GUIDE explains how to com	nplete this form.		1 PAGE# Schedule: 2/	17 Report: 4/26	
2	FILER NAME	Almanza, Susana (Ms.)			3 ACCOUNT# 00078741	(Ethics Commission filers)	
4	Date	5 Full name of contributor Calderon, Ernesto (Mr.)	out-of-state PAC (ID#	<del>‡</del> )	7 Amount of contribution (\$)	8	
	05/08/2014	6 Contributor address; 7309 Shadywood Dr. Austin, TX 78745	City; State; Zip Code		\$300.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	eation / Job title (See Instruction	ns)	10 Employer (See In	structions)	. ·	
	Date	Full name of contributor Cantu, Christina V. (Ms.)	out-of-state PAC (ID#	<del>‡)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/14/2014	Contributor address; 103 Branch View Dr. Kyle, TX 78640	City; State; Zip Code		\$80.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	L pation / Job title (See Instruction	ns)	Employer (See In	1 '	rexus, complete ochequie 1)	
					<u> </u>		
	Date	Full name of contributor Castillo, Josefina (Ms.)	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/08/2014	Contributor address; 3203 Hollywood Ave. Austin, TX 78722	City; State; Zip Code		\$50.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	vation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Castillo, Maria G. (Ms.)	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/08/2014	Contributor address; PO Box 16010 Austin, TX 78761	City; State; Zip Code		\$25.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Chung, Melody (Ms.)	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/08/2014	Contributor address; 10108 Spicewood Mesa Austin, TX 78759	City; State; Zip Code		\$250.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In			

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	17 Report: 5/26
2	FILER NAME	Almanza, Susana (Ms.)	1	3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID Chung, Vicente (Mr.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 10108 Spicewood Mesa Austin, TX 78759	••••••	\$250.00	! !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor  ut-of-state PAC (ID Cortez, David (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 304 Montopolis Dr., #B Austin, TX 78741		\$25.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete contende 1)
				,	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/31/2014	Contributor address; City; State; Zip Code 11310 Spicewood Blub #2 Austin, TX 78750		\$20.00	[ ]
				(15.414-14	·
	Principal occup	ation / Job title (See Instructions)	Employer (See in	<u> </u>	Texas, complete Schedule T)
				, , , , , , , , , , , , , , , , , , , ,	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1009 E. 16th St #301 Austin, TX 78702		\$75.00	]   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	
_	Date	Full name of contributor	# )	Amount of	In-kind contribution
	00.0	Delgado Savage, Veronica (Ms.)	,	contribution (\$)	description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code 2929 Lagerway Cove Austin, TX 78748		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	l '	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/	17 Report: 6/26			
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (IDDobbs, Andrew (Mr.)	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/08/2014	6 Contributor address; City; State; Zip Code 2504 Huntwick Dr., #1303 Austin, TX 78741		\$25.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/07/2014	Contributor address; City; State; Zip Code 5304 Suburban Dr. Austin, TX 78745		\$50.00	l 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	1			
	Date	Full name of contributor  ut-of-state PAC (ID Fidler, Meg (Ms.)	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/29/2014	Contributor address; City; State; Zip Code 315 W. 106th St., Apt 16C New York, NY 10025		\$50.00	 			
	<u> </u>			'	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor Fiveash, Peggy E. (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/08/2014	Contributor address; City; State; Zip Code 700 N. 3rd St. Ballinger, TX 76821		\$200.00	 			
				<u> </u>	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Emplayer (See In	structions)				
	Date	Full name of contributor  ut-of-state PAC (ID)  Franklin III, Richard III (Mr.)	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/08/2014	Contributor address; City; State; Zip Code 3906 Sojourner St. Austin, TX 78725		\$25.00	 			
	Box of			<u> </u>	Texas, complete Schedule T)			
	rincipal occup	ation / Job title (See Instructions)	Employer (See In	structions)				

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	The Instruction	on Guide explains how to complete this form.		1 PAGE#	
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT#	17 Report: 7/26 (Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID Garcia, Gustavo (Mr.)	#)	7 Amount of contribution (\$)	8
	05/08/2014	6 Contributor address; City; State; Zip Code 7401 Ophelia Dr. Austin, TX 78762		\$100.00	 
	,			(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 917 W. Lynn St. Austin, TX 78703		\$350.00	 
	•	·	•	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor Gonzales, Edna M. (Dr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code 201 E. Yellowhammer Ave. McAllen, TX 78504		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	•	Taxaa, sampiata sanadata 17
	Date	Full name of contributor  ut-of-state PAC (IC Gonzalez, Saul (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 305 Chipendale Austin, TX 78745		\$25.00	 
		7.00.40			l _
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
		silent coo tale (coo meadellans)	Employer (See III	structions)	
	Date	Full name of contributor Unit out-of-state PAC (ID Guzman, Carlos R. (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 9005 Sedgemoor Trail #B Austin, TX 78748		\$30.00	 
				(If tegual autoids of	Tayno complete Schoolule T\
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

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	The Instruction	ON GUIDE explains how to complete this form.	<u> </u>	1 PAGE# Schedule: 6/	17 Report: 8/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hendricks, Stephanie (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code San Anselmo, CA 94960		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741		\$10.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 11900 Metric Blvd. J163 Austin, TX 78758		\$100.00	!  - 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code 1808 Kerr Dr. Austin, TX 78704		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723		\$15.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u></u>

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/	17 Report: 9/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  out-of-state PAC (ID# Limon, Maria (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/08/2014	6 Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723	······································	\$15.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Locke, Jere (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 2302 Westworth Circle Austin, TX 78704		\$100.00	 
	•			(If traval outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	l '	Texas, complete Schedule 1)
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 213 Starbright Dr. Austin, TX 78745		\$5.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2014	Contributor address; City; State; Zip Code 2525 Wilson St. Austin, TX 78704		\$150.00	 
					· _
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	- Timelpar occup	anony soo tide (See institutions)		structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/07/2014	Contributor address; City; State; Zip Code 3111 Garwood St. Austin, TX 78702		\$300.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
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Т	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/	17 Report: 10/26
<b>2</b> F	ILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  out-of-state PAC (ID) Michel, Lorri (Ms.)	<u> </u>	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
06	6/27/2014	6 Contributor address; City; State; Zip Code 917 W. Lynn St. Austin, TX 78703		\$350.00	 
		:		(If travel outside of	Texas, complete Schedule T)
<b>9</b> P	rincipal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05	5/08/2014	Contributor address; City; State; Zip Code 6321 Torres St. Austin, TX 78741		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
Р	rincipal occup	eation / Job title (See Instructions)	Employer (See In	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		,	
	Date	Full name of contributor  out-of-state PAC (ID# Montejano, C. Yvonne (Ms.)	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05	5/08/2014	Contributor address; City; State; Zip Code 5705 Bolm Rd., Unit A Austin, TX 78721		\$100.00	<del>1</del> 1 1
				(If travel outside of	Texas, complete Schedule T)
P	rincipal occup	eation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)
				•	
	Date	Full name of contributor	<u></u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05	5/08/2014	Contributor address; City; State; Zip Code 1401 E. Rundberg Ln.#76 Austin,, TX 78763	• • • • • • • • • • • • • • • • • • • •	\$200.00	 
				<b> </b>	' 
P	rincipal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Through Cooop	and it soo the (See Heli delloris)	Employer (Gee in		
	Date	Full name of contributor  ut-of-state PAC (ID# Noyola, Angelica (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06	3/30/2014	Contributor address; City; State; Zip Code 620 Montopolis Dr. Austin, TX 78741	••••••	\$10.00	t   
				(If travel outside of	Texas, complete Schedule T)
P	rincipal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to comple	ete this form.		1 PAGE#	
	_				Schedule: 9/	17 Report: 11/26
2	FILER NAME	Almanza, Susana (Ms.)			3 ACCOUNT#	(Ethics Commission filers)
		<u> </u>			00078741	<u></u> .
4	Date	5 Full name of contributor C Orozco, Adrian (Mr.)	out-of-state PAC (ID#	<u>‡</u> )	7 Amount of contribution (\$)	8
(	05/08/2014	6 Contributor address; Cit 5616 Steven Creek Way Austin, TX 78721	ty; State; Zip Code		\$40.00	 
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor	out-of-state PAC (ID#	)	Amount of	In-kind contribution
		Orozco, Sylvia (Ms.)	·	,	contribution (\$)	description (if applicable)
C	)5/08/2014	Contributor address; Cit PO Box 2273 Austin, TX 78766	ty; State; Zip Code		\$100.00	! 
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	Dringing and	which I lab Alda (Con I at a stance)				Texas, complete Schedule T)
	- micipal occup	ztion / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor  Oyervides, Juan (Mr.)	out-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	05/08/2014	Contributor address; Cit 11601 Oak Trail Austin, TX	ly; State; Zip Code		\$175.00	   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	-
	Date	Full name of contributor	out-of-state PAC (ID#		Amount of	In-kind contribution
		Padilla, Christino (Mr.)			contribution (\$)	description (if applicable)
C	06/28/2014	Contributor address; Cit 2320 Santa Rita St. Austin, TX 78702	y; State; Zip Code		\$50.00	 
					(If travel outside of	Texas, complete Schedule T)
I	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor  Parish, James G. (Mr.)	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
					(*)	
0	5/28/2014	Contributor address; Cit PO Box 13145 Austin, TX 78711	y; State; Zip Code		\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
- 1	Principal occup	ation / Job title (See Instructions)	<del></del>	Employer (See Ins	<u> </u>	Toxas, complete schedule 1)
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	The Instruction	GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/17 Report: 12/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≴ Parten, Safron S. (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/09/2014	6 Contributor address; City; State; Zip Code 5711 FM 1327 Creedmoor, TX 78610		\$50.00	 
	_	· ·		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 707 Rio Grande Austin, TX 78701		\$100.00	 
				<u></u>	' 
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
		and the coordinate and the coord		siructions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Perez Wiseley, Teresa (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#Ramirez, Jill Christine (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/07/2014	Contributor address; City; ! State; Zip Code 5309 Presidio Rd. Austin, TX 78745	••••••	\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Rangel, Janie (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 1005 Gullett Austin, TX 78702	•••••	\$10.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Totals, complete scriedule ()
	·	,	. , , , , , , , , , , , , , , , , , , ,	,	

# **POLITICAL CONTRIBUTIONS**

	OTHER	THAN PLEDGES OR LOAD	49 		
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 11	/17 Report: 13/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Renteria, Corazon (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/29/2014	6 Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741		\$10.00	 
	<u></u>			(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 6007 Eurecka Dr. Austin, TX 78745		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1000 Glen Oak Court Austin, TX 78702		\$20.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/09/2014	Contributor address; City; State; Zip Code 1000 Glen Oak Court Austin, TX 78702		\$20.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Rivera, Pete (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 5405 Prock Ln Austin, TX 78702		\$60.00	   
				(If travel outside of	Texas, complete Schedute T)
-	Principal occup	ation / Job title (See Instructions)	Employer (See In	L	

	OTTL	THAN I EEDGEG ON EGAI	10		
	The instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	/17 Report: 14/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≉ Rivera,, Pete (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/04/2014	6 Contributor address; City; State; Zip Code 5405 Prock Austin, TX 78702		\$25.00	1   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
!	05/30/2014	Contributor address; City; State; Zip Code 1910 Edgeware Dr. Austin, TX 78704		\$100.00	 
	D.:	Alex Clab (No Co. )	- 4		Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Rodgers, Brian (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1112 W. 9th St. Austin, TX 78703		\$350.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Rodriguez, Alexia (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 2405 Rock Terrace Cir. Austin, TX 78704		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code PO Box 1271 Austin, TX 78767		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	/17 Report: 15/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Rodriguez,, Ramona (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(	06/27/2014	6 Contributor address; City; State; Zip Code 1712 E. Riverside Dr. #24 Austin, TX 78741		\$25.00	] 
		<u></u>		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
+	05/08/2014	Contributor address; City; State; Zip Code 7209 Blessing Dr. Austin, TX 78752		\$350.00	 
				<u></u>	Texas, complete Schedule T)
	Principal occup	etion / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#Rosenberg, Judith (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	05/08/2014	Contributor address; City; State; Zip Code 3203 Hollywood Ave. Austin, TX 78722	•••••	\$40.00	!   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete scriedule 1)
				structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Salazar, D.G.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	05/08/2014	Contributor address; City; State; Zip Code 8113 Doe Meadow Dr. Austin, TX 78749		\$125.00	 
		•		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	05/08/2014	Contributor address; City; State; Zip Code 1612 Melissa Oaks Austin, TX 78744		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u></u>	

	OTTL	THAN FLEDGES OR EOAL	<u> </u>		
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 14	/17 Report: 16/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sanchez, Jennifer (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 6105 Highlandale Dr. Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 6105 Highlandale Dr. Austin, TX 78731		\$250.00	 
				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Santis, Rosa (Ms.)	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 2311 Enfield Rd. Austin, TX 78703-7037		\$300.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Schneider, Robin (Ms.)	)	Amount of contribution (\$)	In-kind contributioл description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 2609 Sherwood Ln. Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 465 W. 140th St. New York, NY 10031		\$200.00	
			-	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		

	————	THAIT LEDGES ON LOAD	<del></del>		
_	The Instruction	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/17 Report: 17/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Sletto, Bjorn	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/12/2014	6 Contributor address; City; State; Zip Code 800 W. 38th, #3305 Austin, TX 78705		\$50.00	 
_				(If travel outside of	f Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 3211 E. Cesar Chavez Austin, TX 78702		\$350.00	 
					Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See In:	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 4111 Tablerock Dr. Austin, TX 78731		\$350.00	 
				<u> </u>	Texas, complete Schedule T)
_	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Vale, Katherine (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/14/2014	Contributor address; City; State; Zip Code 2702 Dupoint Cv Austin, TX 78748		\$100.00	 
	Defendance				Texas, complete Schedule T)
_	Рплора оссор	pation / Job title (See Instructions)	Employer (See Ins	structions)	
_	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 2653 Barton Hills Dr. Austin, TX 78704		\$40.00   	 
_		<u> </u>		<del></del>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	i/17 Report: 18/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Villalobos, Anita B. (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 1206 Begonia Terrace Austin, TX 78741		\$100.00	  -  -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Viliasenor, Bernardino (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 5616 Steven Creek Way Austin, TX 78721	• • • • • • • • • • • • • • • • • • • •	\$10.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  out-of-state PAC (ID# Wise, Susan E. (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1604 Bridgeway Austin, TX 78704	•	\$100.00	!   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/31/2014	Contributor address; City; State; Zip Code 4811 Caswell Ave Austin, TX 78751		\$100.00	 
	_	·		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 2663 Barton Hills Dr. Austin, TX 78704		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		

# **POLITICAL CONTRIBUTIONS**

### SCHEDIII E A

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE#
2 FILER NAME Almanza, Susana (Ms.)			Schedule: 17/17 Report: 19/26  3 ACCOUNT # (Ethics Commission filers) 00078741
Date	5 Full name of contributor  ut-of-state PAC (ID: Zamora, Emilio (Mr.)	#)	7 Amount of   8 In-kind contribution contribution (\$)   description (if applicable
05/24/2014	6 Contributor address; City; State; Zip Code 2663 Barton Hills Dr. Austin, TX 78704		\$30.00   
			(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See In	

Texas Ethics Commis	sion P.O.Box 12070 Aus	stin, Texas 78711-2070	(512)463-5800	TDD 1-800-735-2989		
LOANS				SCHEDULE E		
The Instruction Gu	IDE explains how to complete this fo	1 PAGE# Schedule: 1/1	Report: 20/26			
2 FILER NAME A	manza, Susana (Ms.)		3 ACCOUNT# (E 00078741	Ethics Commission filers)		
TOTAL OF UN	ITEMIZED LOANS:	ರಾಭಾರಾಧಾರ		\$		
5 Date of loan 05/06/2014	7 Name of lender Almanza, Susana (Ms.)	ut-of-state PAC (ID#	)	9 Loan Amount (\$) \$200.00		
6 Is lender a financial Institution?	6103 Larch Terrace	State; Zip Code	• • • •	10 Interest rate		
No	Austin, TX 78741			11 Maturity date		
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instruct	13 Employer (See Instructions)			
14 Description of Colla	teral	15 Check if personal funds	15 Check if personal funds were deposited into political account			
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)		
X not applicable	18 Guarantor address; City;	State; Zip Code				
20 Principal Occupation	n	21 Employer				
			-			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Almanza, Susana (Ms.) Schedule: 1/5 Report: 21/26 00078741 4 Date 5 Payee name Am Pro Productions 05/30/2014 6 Amount (\$) Payee address City; State; Zip Code 7202 Smokey Hill Rd. \$1,539.32 Austin, TX 78736 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Signs OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/20/2014 Am Pro Productions Amount (\$) Payee address City; State; Zip Code 7202 Smokey Hill Rd. \$147.22 Austin, TX 78736 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Printing Expense Signs OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name 06/30/2014 GoFundMe Amount (\$) Payee address City; State; Zip Code \$141.37 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees On-Line Service Charge **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Harland Clarke Check 06/10/2014 Amount (\$) Payee address City; State; Zip Code \$30.76 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking **Print Checks** EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) Schedule: 2/5 Report: 22/26 00078741 4 Date 5 Payee name 05/30/2014 **HEB** Payee address 6 Amount (\$) City; State; Zip Code \$31.94 Austin, TX (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting with Constituents to discuss campaign OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/05/2014 Home Depot Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$35.96 Austin, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** OTHER - Misc. Supplies Supplies for signs OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Home Depot 06/13/2014 Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$16.28 Austin, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** OTHER - Misc Supplies Supplies for campaign signs **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Home Depot 06/13/2014 Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$25.63 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Misc. Supplies Supplies for campaign signs OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Food/Beverage Expense Polling Expense Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) Schedule: 3/5 Report: 23/26 00078741 4 Date 5 Payee name Home Depot 06/17/2014 6 Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$3.01 Austin, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Misc Supplies Supplies for Signs OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/14/2014 La Voz Newspaper Amount (\$) Payee address City; State; Zip Code PO Box 19457 \$202.00 Austin, TX 78760 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Supplies (Paper, Ink) OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/05/2014 Rocket Banner Amount (\$) Payee address City; State; Zip Code \$64.95 1701 W. Ben White Blvd., Ste 161 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Banner OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Santis, Rosa (Ms.) 06/01/2014 Amount (\$) Payee address City; State; Zip Code 403 Springdale Rd \$500.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense May Rent OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	<b>J</b>	The Instruction Guide explains ho	w to complete this form.	(enter a settinger) were able above,
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/5 Re	eport: 24/26	Almanza, Susana (Ms.)		00078741
4 Date	5 Payee name			
06/01/2014	Santis, Rosa	ı (Ms.)		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		<del></del>
\$500.00	403 Springda		•	
	Austin, TX 7	78702		
8 PURPOSE		e Categories listed at the top of this schedule)	1, ,	utside of Texas, complete Schedule T)
OF .	Onice Overn	lead/Rental Expense	June Rent	
EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			o moo coog	
Date	Payee name			
05/30/2014	Smokey Der			
Amount (\$)	Payee addres	** , ,		
\$82.00	3505 E. 5th : Austin, TX 7			
	, , , , , , , , , , , , , , , , , , , ,	0.02		
	Category (Sec	e Categories listed at the top of this schedule)	Description (If travel or	utside of Texas, complete Schedule T)
PURPOSE	Food/Bevera			ents to discuss campaign
OF EXPENDITURE		-3- <del>-</del>	issues	one to diodass campaign
EXI ENDITORE			i	
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
05/12/2014	Yes Printing			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$25.98		orn Blvd., Ste. 108		
Ψ20.50	Austin, TX 7	8758		
	Category (See	Categories listed at the top of this schedule)	Description (If travel or	utside of Texas, complete Schedule T)
PURPOSE OF	Printing Expe	ense	Cards	· •
EXPENDITURE				
	0 514			
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
05/15/2014	Yes Printing			
Amount (\$)	Payee address	s City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
\$25.98	2600 Longho	orn Blvd., Ste. 108		
,	Austin, TX 7	78758		
PURPOSE		e Categories listed at the top of this schedule)		itside of Texas, complete Schedule T)
OF	Printing Expe	ense	Cards	
EXPENDITURE				
Complete ONLY if	Candidate / Of	fficeholder name	Office sevents	Office held.
direct expenditure	Canadate / O	moonoide tidille	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

emorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

The Instruction Guide explains how to complete this fo

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

		THE MAINDOING GOIDE EXPIGITIS NO	w to complete this ic	лиь		
1 PAGE# Schedule: 5/5 Re	eport: 25/26	2 FILER NAME Almanza, Susana (Ms.)	_	3	ACCOUNT # (TEC filer 00078741	s)
4 Date 05/05/2014	5 Payee name Zuefeldt Ent	erprises				
6 Amount (\$) \$64.95	7 Payee addres 1501 W. 5th Austin, TX	St., #105				
8 PURPOSE OF EXPENDITURE	(a) Category (Se Printing Exp	e Categories listed at the top of this schedule) ense	(b) Description Banner	(If travel outside of 1	Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	officeholder name	Office sou	ught:	Office held:	

**EXPENDITURE CATEGORIES** 

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees		e/Officeholder/Political Committee ter a category not listed above)
	The INSTRUCTION GUIDE explains how to complete this form.	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re		00078741
4 Date	5 Payee name	
06/21/2014	Piedra, Joseph (Mr.)	
6 Amouпt (\$)	7 Payee address City; State; Zip Code	
\$351.81	1219 Inks Ave Austin, TX 78702	
Reimbursement from political contributions intended	Austrii, 17 70702	
8		
PURPOSE	Printing Expense T-Shirt Prints,	de of Texas, complete Schedule T)
OF EXPENDITURE	Total Times,	
EXPENDITORE		
	·	
1		
	·	