

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

2014 AUG 15 AM 11:30
 RECEIVED
 AUSTIN CITY CLERK

1 ACCOUNT # <u>00078741</u>		2 Total pages filed: <u>8</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	_____		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	3 / 31 / 2014 THROUGH			06 / 30 / 2014	
Receipt # _____ Amount _____					
Date Processed _____					
Date Imaged _____					

6 EXPLANATION OF CORRECTION

Occupation and name of Employer for Contributors donating \$200 and above was not included in July 15th Report. Correction is attached.

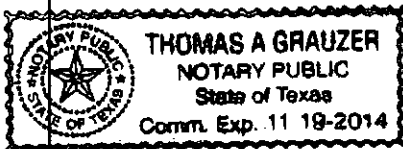
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susana Almanza, this the 15th day of August

20 14, to certify which, witness my hand and seal of office.

Thomas A. Grauzer
Signature of officer administering oath

Thomas A. Grauzer
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00078741		2 PAGE # 1 of 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Susana			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Almanza				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6103 Larch Terrace Austin, TX 78741			Date Received	
				Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Sylvia			Receipt # Amount	
	NICKNAME LAST SUFFIX Herrera Ph.D			Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4926 E. Cesar Chavez Austin, TX 78741			Date Imaged	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(602)	575-8829			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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)				
9 PERIOD COVERED	Month Day Year Month Day Year 03/31/2014 THROUGH 06/30/2014				
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Austin City Council District 3		
GO TO PAGE 2					

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Almanza, Susana (Ms.)**14 ACCOUNT #** (Ethics Commission filers)
00078741**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures 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****16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 6,600.00

**EXPENDITURE
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

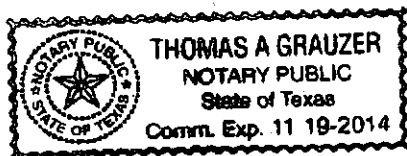
\$ 0.00

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

\$ 0.00

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

\$ 0.00

17 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.

Susana Almanza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susana Almanza, this the 15th day of August, 20 14, to certify which, witness my hand and seal of office.

Thomas A. Grauzer
Signature of officer administering oath

Thomas A. Grauzer
Print name of officer administering oath

notary public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/7	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 05/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brooks, Joelia (Ms.) 6 Contributor address; City; State; Zip Code 1900 Rinor Hills Ct Pflugerville, TX 78660	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Operations Manger		10 Employer (See Instructions) Southwest Key	
Date 05/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Christopher T. (Mr.) Contributor address; City; State; Zip Code 5013 Red Bluff Austin, TX 78702	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 05/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calderon, Ernesto (Mr.) Contributor address; City; State; Zip Code 7309 Shadywood Austin, TX 78745	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 05/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chung, Melody (Ms.) Contributor address; City; State; Zip Code 10108 Spicewood Mesa Austin, TX 78759	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Southwest Key	
Date 05/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chung, Vicente (Mr.) Contributor address; City; State; Zip Code 10108 Spicewood Mesa Austin, TX 78759	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) IBM	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/5 Report: 4/7

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

05/08/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Delgado Savage, Veronica (Ms.)

6 Contributor address; City; State; Zip Code
2929 Lagerway
Austin, TX 78748

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
VP Youth Justice

10 Employer (See Instructions)
Southwest Key

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fiveash, Peggy (Ms.)

05/08/2014

Contributor address; City; State; Zip Code
700 N. 3rd St.
Ballinger, TX 76821

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ginsberg, Michael (Mr.)

06/27/2014

Contributor address; City; State; Zip Code
917 W. Lynn St.
Austin, TX 78703

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
GM Law Firm

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gonzalez, Edna (Dr.)

05/09/2014

Contributor address; City; State; Zip Code
201 E. Yellowhammer Ave.
McAllen, TX 78504

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mendez, Rodolfo (Mr.)

06/07/2014

Contributor address; City; State; Zip Code
3111 Garwood
Austin, TX 78702

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Ballet East

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/7	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michel, Lorri (Ms.) 6 Contributor address; City; State; Zip Code 917 W. Lynn St. Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 05/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moses, Russell G. (Mr.) Contributor address; City; State; Zip Code 1401 E. Rundberg Lane #76 Austin, TX 78763	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Comm. College	
Date 06/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Jill Christine (Ms.) Contributor address; City; State; Zip Code 5309 Presido Rd. Austin, TX 78745	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Latino Health Care Forum	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian (Mr.) Contributor address; City; State; Zip Code 1112 W. 9th St. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self	
Date 05/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Alexia (Ms.) Contributor address; City; State; Zip Code 2405 Rock Terrace Circle Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) VP Immigrant Youth Services		Employer (See Instructions) Southwest Keys	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/5 Report: 6/7

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

06/30/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Frank (Mr.)

6 Contributor address; City; State; Zip Code
PO Box 1271
Austin, TX 78767

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
Latino Helath Care Forum

Date

05/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Romo, Ezekiel (Mr.)

Contributor address; City; State; Zip Code
7209 Blessing Dr.
Austin, TX 78752

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Operations Officer

Employer (See Instructions)
SER Jobs for Progress

Date

05/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sanchez, Jennifer (Ms.)

Contributor address; City; State; Zip Code
6105 Highlandale Dr.
Austin, TX 78731

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
VP Community Engagement

Employer (See Instructions)
Southwest Key

Date

05/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sanchez, Juan (Mr.)

Contributor address; City; State; Zip Code
6105 Highlandale Dr.
Austin, TX 78731

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Southwest Key

Date

05/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Santis, Rosa (Ms.)

Contributor address; City; State; Zip Code
2311 Enfield Rd.
Austin, TX 78703

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Pedro SS Services Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/5 Report: 7/7

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

05/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sheppard, Peggy (Ms.)

6 Contributor address; City; State; Zip Code
465 W. 14th St.
New York, NY 10031

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Director

10 Employer (See Instructions)
WE ACT

Date

06/28/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Spitz, Robert (Mr.)

Contributor address; City; State; Zip Code
3211 E. Cesar Chavez
Austin, TX 78702

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Veterinarian

Employer (See Instructions)
Self

Date

06/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Susan Roth Consulting LLC

Contributor address; City; State; Zip Code
4111 Tablerock Dr.
Austin, TX 78731

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Self