

# 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 26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Susana		OFFICE USE ONLY  Date Received  2014 OCT 6 PM 4 05 RECEIVED AUSTIN CITY CLERK
	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 Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sylvia		
	NICKNAME LAST SUFFIX Herrera Ph.D.		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4926 E. Cesar Chavez, Bldg B Austin, TX 78702		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 202-1511		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 07/01/2014    THROUGH    09/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11 - 4 - 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) 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****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**16 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 300.00

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

\$ 7,995.00

**EXPENDITURE  
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

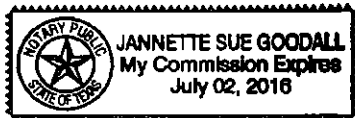
\$ 3,891.06

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

\$ 11,379.40

**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 6th day  
of October, 20 14, to certify which, witness my hand and seal of office.

Jannette Sue Goodall  
Signature of officer administering oath

Jannette Sue Goodall  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/16 Report: 3/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

09/25/2014

5 Full name of contributor  
Almanza, Librado (Mr.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code  
6103 Larch Terrace  
Austin, TX 78741

7 Amount of  
contribution (\$)

\$25.00

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

09/25/2014

Full name of contributor  
Alvarez, Raul (Mr.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code  
2601 Zaragoza St.  
Austin, TX 78702

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor  
Ancira, Cassie (Mr.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code  
919 Calle Limon  
Austin, TX 78702

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor  
Baccus, Richard (Mr.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code  
11504 Oakwood Dr.  
Austin, TX 78753

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2014

Full name of contributor  
Bass, Sue Anne (Ms.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code  
505 South Park Dr,  
Austin, TX 78704

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/16 Report: 4/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, DeLea (Ms.)  6 Contributor address; City; State; Zip Code 1109-A Shady Lane Austin, TX 78721	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) Commercial Broker		10 Employer (See Instructions) Beck-Reit Commercial Real Estate	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, Russ (Mr.)  Contributor address; City; State; Zip Code 1109-A Shady Lane Austin, TX 78721	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) Owner		Employer (See Instructions) Beck-Reit and Sons	
Date  09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernstein, Oliver (Mr.)  Contributor address; City; State; Zip Code 1205 Upland Dr. Austin, TX 78741	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown-Valdez, Ronaldo (Mr.)  Contributor address; City; State; Zip Code 3003 W. Slaughter Ln Unit B Austin, TX 78748	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) Owner/Stylist		Employer (See Instructions) Salon Vela	
Date  09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown-Valdez, Simon (Mr.)  Contributor address; City; State; Zip Code 3003 W. Slaughter Ln Unit B Austin, TX 78748	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/16 Report: 5/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

09/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bunch, William (Mr.)

6 Contributor address; City; State; Zip Code  
1307 Oxford  
Austin, TX 78704

7 Amount of  
contribution (\$)

\$150.00

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

08/23/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Calderon, Ruby (Ms.)

Contributor address; City; State; Zip Code  
7309 Shadywood Dr.  
Austin, TX 78745

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/13/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carl, Carlton (Mr.)

Contributor address; City; State; Zip Code  
PO Box 444  
Martindale, TX 78655

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carl, Carlton (Mr.)

Contributor address; City; State; Zip Code  
PO Box 444  
Martindale, TX 78655

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Christiansen, Alexander (Mr.)

Contributor address; City; State; Zip Code  
4801 S. Congress Ave.  
Unit A1  
Austin, TX 78745

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/16 Report: 6/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date  
  
07/31/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Clinton, Ryan (Mr.)

6 Contributor address; City; State; Zip Code  
8409 Adirondack Cove  
Austin, TX 78759

7 Amount of  
contribution (\$)  
  
\$100.00

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

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cullather, Katie (Ms.)

Contributor address; City; State; Zip Code  
2316 Willow St.  
Austin, TX 78702

Amount of  
contribution (\$)  
  
\$15.00

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# \_\_\_\_\_)  
Davis, Noelle (Ms.)

Contributor address; City; State; Zip Code  
1602 Faro Dr. #303  
Austin, TX 78741

Amount of  
contribution (\$)  
  
\$50.00

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# \_\_\_\_\_)  
Donnelly, Laura (Ms.)

Contributor address; City; State; Zip Code  
2012 Tillotson Ave  
Austin, TX 78702

Amount of  
contribution (\$)  
  
\$25.00

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# \_\_\_\_\_)  
Duncan, James (Mr.)

Contributor address; City; State; Zip Code  
360 Nueces St  
Suite 2701  
Austin, TX 78701

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)  
Duncan Associates

Employer (See Instructions)  
City Planner

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/16 Report: 7/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date  
  
08/19/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Duncan, Katy (Ms.)

6 Contributor address; City; State; Zip Code  
360 Nueces St  
Suite 2701  
Austin, TX 78701

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)  
Housewife

10 Employer (See Instructions)  
Self

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ellison, Rosetta (Ms.)

Contributor address; City; State; Zip Code  
2201 Montopolis  
Austin, TX 78741

Amount of  
contribution (\$)

\$10.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/01/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Encinas, Bianca (Ms.)

Contributor address; City; State; Zip Code  
1229 11th St. SW  
Albuquerque, NM 87104

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/06/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Eubanks, Tim (Mr.)

Contributor address; City; State; Zip Code  
4416 Lareina  
Austin, TX

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/12/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Fields, Leslie (Ms.)

Contributor address; City; State; Zip Code  
1366 E Street NE  
Washington, DC 20002

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)  
Program Director

Employer (See Instructions)  
Sierra Club

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/16 Report: 8/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

09/06/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Fithian, Lisa (Ms.)

6 Contributor address; City; State; Zip Code  
1405 Hillmont St.  
Austin, TX 78704

7 Amount of  
contribution (\$)

\$100.00

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

09/25/2014

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

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

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Foster, David (Mr.)

Contributor address; City; State; Zip Code  
1902 Forestglade  
Austin, TX 78745

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gamez, Charisma (Ms.)

Contributor address; City; State; Zip Code  
934 Springdale  
Austin, TX 78702

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Garza, Pedro R. (Mr.)

Contributor address; City; State; Zip Code  
8624 Young Lane  
Austin, TX 78737

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/16 Report: 9/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  08/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza-Hernandez, Robert (Ms.)  6 Contributor address; City; State; Zip Code 122 Riviera San Marcos, TX 78766	7 Amount of contribution (\$)  \$75.00	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)		10 Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Joe (Dr.)  Contributor address; City; State; Zip Code 201 E. Yellowhammer Ave. McAllen, TX 78504	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez II, Saul (Mr.)  Contributor address; City; State; Zip Code 305 Chippendale Austin, TX 78745	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez II, Saul II (Mr.)  Contributor address; City; State; Zip Code 305 Chippendale Austin, TX 78745	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grigassy, Chris (Mr.)  Contributor address; City; State; Zip Code 2304 Riverside Farms Rd Austin, TX 78741	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/16 Report: 10/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  08/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoffman, Donna (Ms.)  6 Contributor address; City; State; Zip Code 1500 Gregory St. Austin, TX 78702	7 Amount of contribution (\$)  \$20.00	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)		10 Employer (See Instructions)	
Date  07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jesurun, ChristinaG. (Ms.)  Contributor address; City; State; Zip Code 1321 Dripping Springs, TX 78620	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kellough, Annie E. (Ms.)  Contributor address; City; State; Zip Code 5124 E. 25th Place Tulsa, OK 74114	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Anne (Ms.)  Contributor address; City; State; Zip Code 403 Post Rd. Austin, TX 78704	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Johnny (Mr.)  Contributor address; City; State; Zip Code 908 Calle Limon Austin, TX 78702	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/16 Report: 11/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  08/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Maria (Ms.)  6 Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723	7 Amount of contribution (\$)  \$15.00	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)		10 Employer (See Instructions)	
Date  09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Maria (Ms.)  Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723	Amount of contribution (\$)  \$15.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Delia (Ms.)  Contributor address; City; State; Zip Code 3318 N. 19th McAllen, TX 78501	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) Curriculum Contractor		Employer (See Instructions) East Austin College Prep	
Date  07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Chavel (Mr.)  Contributor address; City; State; Zip Code TX	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Israel (Mr.)  Contributor address; City; State; Zip Code 6800 Villita Ave Austin, TX 78741	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 10/16 Report: 12/26	
2 FILER NAME Almanza, Susana (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  07/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry (Mr.)  6 Contributor address; City; State; Zip Code 1311-A East 6th 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)			10 Employer (See Instructions)	
Date  07/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Sheridan (Ms.)  Contributor address; City; State; Zip Code 1311-A East 6th 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) Foundation and Non-Profit Advisor			Employer (See Instructions) Self	
Date  07/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manchaca, Orelia (Ms.)  Contributor address; City; State; Zip Code 7005 Twisted Oaks Dr. Austin, TX 78745		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Che (Mr.)  Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741		Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCreary, Lou (Mr.)  Contributor address; City; State; Zip Code 901 MoPac Expway Ste 300 Austin, TX 78746		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/16 Report: 13/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Meade, Nikelle (Ms.)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

09/10/2014

6 Contributor address; City; State; Zip Code  
111 Congress Ave  
Suite 1400  
Austin, TX 78701

\$25.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nelson, Jennifer (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/25/2014

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

\$100.00

(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# \_\_\_\_\_)  
Noyola, Marcos (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/25/2014

Contributor address; City; State; Zip Code  
620 Montopolis Dr.  
Austin, TX 78741

\$20.00

(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# \_\_\_\_\_)  
Parish, James G. (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

07/13/2014

Contributor address; City; State; Zip Code  
PO Box 13145  
Austin, TX 78711

\$100.00

(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# \_\_\_\_\_)  
Perales, Marisa (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

07/25/2014

Contributor address; City; State; Zip Code  
2104 Willow St.  
Austin, TX 78702

\$50.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/16 Report: 14/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

09/18/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Pozos, Isaac (Mr.)

6 Contributor address; City; State; Zip Code  
9220 Ipswich Bay Dr.  
Austin, TX 78747

7 Amount of  
contribution (\$)

\$15.00

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

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rangel, Max (Mr.)

Contributor address; City; State; Zip Code  
1005 Gullett  
Austin, TX 78702

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Renteria, Lucy (Ms.)

Contributor address; City; State; Zip Code  
1503 Willow #B  
Austin, TX 78702

Amount of  
contribution (\$)

\$20.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Renteria, Tom (Mr.)

Contributor address; City; State; Zip Code  
919 Calle Limon  
Austin, TX 78702

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/15/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rivera, Jane (Ms.)

Contributor address; City; State; Zip Code  
1000 Glen Oaks Court  
Austin, TX 78702

Amount of  
contribution (\$)

\$30.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/16 Report: 15/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, D. Lauren (Ms.)  6 Contributor address; City; State; Zip Code 1405 Hillmont St. Austin, TX 78704	7 Amount of contribution (\$)  \$300.00	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) Environmental Engineer		10 Employer (See Instructions) Glenmoore Engineers	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rothe, Gail (Ms.)  Contributor address; City; State; Zip Code 1705 Margaret St Austin, TX 78704	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Juan (Mr.)  Contributor address; City; State; Zip Code 6105 Highlandale Dr. Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary (Ms.)  Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705	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)		Employer (See Instructions) Retired	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin (Ms.)  Contributor address; City; State; Zip Code 2609 Sherwood Ln. Austin, TX 78704	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) Texas Campaign for the Environment		Employer (See Instructions) Director	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/16 Report: 16/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  07/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spring, Stephen (Mr.)  6 Contributor address; City; State; Zip Code 2404 Braxton Cove Austin, TX 78741	7 Amount of contribution (\$)  \$10.00	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)		10 Employer (See Instructions)	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summers, Hillary (Ms.)  Contributor address; City; State; Zip Code 2401 Woodmont Ave. 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) Pilates Instructor		Employer (See Instructions) Self	
Date  09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summers, Robert (Mr.)  Contributor address; City; State; Zip Code 2401 Woodmont Ave. 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) Attorney		Employer (See Instructions) Hohman, Taube and Summers, LLP	
Date  09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tollett, Jason Blake (Mr.)  Contributor address; City; State; Zip Code 3701 Bonnie Rd. Austin, TX 78703	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) Attorney		Employer (See Instructions) Self	
Date  07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevino, Modesta (Ms.)  Contributor address; City; State; Zip Code PO Box 927 Kyle, TX 78640	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/16 Report: 17/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

09/16/2014

5 Full name of contributor

Uhlman, Kristine (Ms.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

PO Box 200743  
Austin, TX 78720

7 Amount of  
contribution (\$)

\$30.00

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

09/18/2014

Full name of contributor

Valdez, Raul (Mr.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

1808 Cedar Ridge Dr.  
Austin, TX 78745

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/06/2014

Full name of contributor

Vasquez, Celina (Ms.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

5020 Fall River Dr.  
Fort Worth, TX 76103

Amount of  
contribution (\$)

\$30.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/16/2014

Full name of contributor

Villareal, Melissa (Ms.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

6205 Camation  
Austin, TX 78741

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)

Art/Community Coordinator

Employer (See Instructions)

Southwest Key

Date

07/03/2014

Full name of contributor

Walsh, Elizabeth (Ms.)

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

2215 Willow St.  
Austin, TX 78702

Amount of  
contribution (\$)

\$15.00

In-kind contribution  
description (if applicable)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/16 Report: 18/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Young, Doug (Mr.)

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

09/25/2014

6 Contributor address; City; State; Zip Code  
2904 Kassarine Pass  
Austin, TX 78704

\$100.00

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

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Zamarripa, Hermelinda (Ms.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

09/01/2014

Contributor address; City; State; Zip Code  
4811 Caswell Ave.  
Austin, TX 78751

\$25.00

(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# \_\_\_\_\_)  
Zamora, Emilio (Mr.)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

07/27/2014

Contributor address; City; State; Zip Code  
2663 Barton Hills Dr.  
Austin, TX 78704

\$50.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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.

<b>1 PAGE #</b> Schedule: 1/7 Report: 19/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 07/24/2014	<b>5 Payee name</b> ACE Mart Restaurant				
<b>6 Amount (\$)</b> \$15.13	<b>7 Payee address</b> City: State: Zip Code Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 08/30/2014	<b>Payee name</b> Alonzo's Tacos				
<b>Amount (\$)</b> \$90.00	<b>Payee address</b> City: State: Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 07/07/2014	<b>Payee name</b> City of Austin				
<b>Amount (\$)</b> \$36.66	<b>Payee address</b> City: State: Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 07/31/2014	<b>Payee name</b> City of Austin				
<b>Amount (\$)</b> \$44.39	<b>Payee address</b> City: State: Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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.

<b>1 PAGE #</b> Schedule: 2/7 Report: 20/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 09/01/2014	<b>5 Payee name</b> City of Austin				
<b>6 Amount (\$)</b> \$45.74	<b>7 Payee address</b> City; State; Zip Code Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 09/05/2014	<b>Payee name</b> Corner Store				
<b>Amount (\$)</b> \$10.80	<b>Payee address</b> City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Misc.		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 09/05/2014	<b>Payee name</b> Dollar Tree Stores, Inc				
<b>Amount (\$)</b> \$40.72	<b>Payee address</b> City; State; Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Misc.		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 09/19/2014	<b>Payee name</b> Facebook Gifts				
<b>Amount (\$)</b> \$6.99	<b>Payee address</b> City; State; Zip Code TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Announcements on Facebook		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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.

<b>1 PAGE #</b> Schedule: 3/7 Report: 21/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 09/25/2014	<b>5 Payee name</b> GoFundMe				
<b>6 Amount (\$)</b> \$290.90	<b>7 Payee address</b> City: State: Zip Code				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line Donation Services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				
<b>Date</b> 07/12/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$59.94	<b>Payee address</b> City: State: Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				
<b>Date</b> 07/31/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$9.80	<b>Payee address</b> City: State: Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Postage		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Mailings		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				
<b>Date</b> 09/05/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$88.61	<b>Payee address</b> City: State: Zip Code Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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.

<b>1 PAGE #</b> Schedule: 4/7 Report: 22/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 09/18/2014		<b>5 Payee name</b> HEB			
<b>6 Amount (\$)</b> \$35.40		<b>7 Payee address</b> City: State: Zip Code Austin, TX			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/14/2014		<b>Payee name</b> Herrera, Christino (Mr.)			
<b>Amount (\$)</b> \$200.00		<b>Payee address</b> City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/15/2014		<b>Payee name</b> Limas-Brown, Hugo Nakas (Mr.)			
<b>Amount (\$)</b> \$15.65		<b>Payee address</b> City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paint  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/11/2014		<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$318.22		<b>Payee address</b> City: State: Zip Code Austin, TX			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Office Equipment		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Printer  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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.

<b>1 PAGE #</b> Schedule: 5/7 Report: 23/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 08/25/2014	<b>5 Payee name</b> Office Max				
<b>6 Amount (\$)</b> \$66.90	<b>7 Payee address</b> City: State: Zip Code 907 West Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 08/08/2014	<b>Payee name</b> Online Detail and Images				
<b>Amount (\$)</b> \$3.00	<b>Payee address</b> City: State: Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Logo		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 08/13/2014	<b>Payee name</b> Oriental Trading Co				
<b>Amount (\$)</b> \$90.99	<b>Payee address</b> City: State: Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pencils		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 08/27/2014	<b>Payee name</b> Oriental Trading Co				
<b>Amount (\$)</b> \$125.99	<b>Payee address</b> City: State: Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pencils		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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.

<b>1 PAGE #</b> Schedule: 6/7 Report: 24/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 09/01/2014	<b>5 Payee name</b> Perez, Micaela (Ms.)				
<b>6 Amount (\$)</b> \$451.01	<b>7 Payee address</b> City; State; Zip Code Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> T-shirts		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				
<b>Date</b> 07/07/2014	<b>Payee name</b> Santis, Rosa (Ms.)				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 403 Springdale Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Headquarters		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				
<b>Date</b> 09/02/2014	<b>Payee name</b> Santis, Rosa				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 403 Springdale Rd Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Headquarters		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				
<b>Date</b> 07/25/2014	<b>Payee name</b> Smokey Denmark				
<b>Amount (\$)</b> \$82.00	<b>Payee address</b> City; State; Zip Code 3505 E. 5th St. Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Office sought:</b> <b>Office held:</b>				



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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.

<b>1 PAGE #</b> Schedule: 7/7 Report: 25/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 09/09/2014	<b>5 Payee name</b> USPS				
<b>6 Amount (\$)</b> \$39.20	<b>7 Payee address</b> City: State: Zip Code Austin, TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Postage		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Thank You Cards, Supporters		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 09/13/2014	<b>Payee name</b> Wells Fargo				
<b>Amount (\$)</b> \$21.24	<b>Payee address</b> City: State: Zip Code TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Office Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 07/07/2014	<b>Payee name</b> Yes Printing				
<b>Amount (\$)</b> \$129.90	<b>Payee address</b> City: State: Zip Code 2600 Longhorn Blvd., Ste. 108 Austin, TX 78758				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Brochures		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				
<b>Date</b> 07/21/2014	<b>Payee name</b> Yes Printing				
<b>Amount (\$)</b> \$32.48	<b>Payee address</b> City: State: Zip Code 2600 Longhorn Blvd., Ste. 108 Austin, TX 78758				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Brochures		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:				

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 26/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741
<b>4 Date</b> 09/16/2014	<b>5 Payee name</b> Almanza, Susana (Ms.)			
<b>6 Amount (\$)</b> \$539.40 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City; State; Zip Code 6100 Larch Austin, TX 78741			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> YES Printing	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			