CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GL	uide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 PAGE#
. <u> </u>		00078741	1 of 14
3 CANDIDATE / OFFICEHOLDER NAME	Ms / Mrs / Mrs / Ms. Susana	МІ	OFFICE USEONLY
NAIVIE	NICKNAME LAST Almanza	SUFFIX	JSTIN CITY C RECEIVED 001 27 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 6103 Larch Terrace Austin, TX 78741	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmerked
Change of Address			Receipt # Amount
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	Mi	Date Processed
NAME	Sylvia	· · · · · · · · · · · · · · · · · · ·	Date Imaged
	NICKNAME LAST Herrera	suffix Ph.D.	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	4926 E. Cesar Chavez, Bldg B	SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 202-1511	EXTENSION	
8 REPORT TYPE	January 15 30th day before el	election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 X 8th day before ele	ection Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year
	09/26/2014	ROUGH 10/25/20	14
10 ELECTION	ELECTION DATE ELECTION Of Prime 11/04/2014		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin City Council [
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Alma	nza, Susana (Ms.)		14 ACCOUNT # (Ethics Commission file 00078741	
15 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the control the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	.	
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,600.00	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,562.19	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$ 6,081.65	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	\$ 0.00		
17 AFFIDAVIT			ty of perjury, that the accompanying reports all information required to be reported by bede.	
My My	ANN FRANKLIN ry Public, State of Ter Commission Expires October 17, 2018	ds	Admuse Candidate or Officehofder	
Sworn to and subscri		the said Susano Almanza ertify which, witness my hand and seal of office.	this the 27 th day	
Signature of officer adm	de	Print name of officer administering oath	Notary Title of officer administering cath	

					
	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/	4 Report: 3/14
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Bolton Brown, Catherine (Ms.)	#)	7 Amount of contribution (\$)	8
	10/17/2014	6 Contributor address; City; State; Zip Code 501 Lightsey Rd Austin, TX 78704		\$250.00	! !
·				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Philantropist	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/16/2014	Contributor address; City; State; Zip Code 507 Chihushua Trail		\$50.00	
		Austin, TX 78745		(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 contribution (\$)	In-kind contribution description (if applicable)
	10/02/2014	Contributor address; City; State; Zip Code 1311 Alegria Rd. Austin, TX 78757	• • • • • • • • • • • • • • • • • • • •	\$200.00	
	j			(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) perations, Youth Justice Division	Employer (See In: SW Key		ronal, compliant contactic ()
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
		Garber, Christie (Ms.)		contribution (\$)	description (if applicable)
	10/14/2014	Contributor address; City; State; Zip Code 1211 Blair Way Austin, TX 78704	•••••	\$50.00	
				(If travel outside of	Texas, complete Schedule T)
•	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		
_/	Date	Full name of contributes [7]	-		
	Date	Full name of contributor uut-of-state PAC (ID# Gonzales, Elizabeth S. (Ms.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/09/2014	Contributor address; City; State; Zip Code 724 Wales Way Austin, TX 78748		\$ 150.00	
				(If traval outside -4)	Towns sometate Outrast - [m]
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)

			····	· · · · · · · · · · · · · · · · · · ·	
	The INSTRUCTION	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4	Report: 4/14
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gonzalez, Erika (Ms.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/23/2014	6 Contributor address; City; State; Zip Code 6808 Tulane Austin, TX 78723		\$20.00	
		•		(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)
	10/24/2014	Contributor address; City; State; Zip Code 605 Carismatic Lane Austin, TX 78748		\$100.00	. 1
				'	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/20/2014	Contributor address; City; State; Zip Code		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/14/2014	Contributor address; City; State; Zip Code 2512 IH 35 South, #340 Austin, TX 78704		\$200.00	! ! !
L			Farley (O.). to	·	Texas, complete Schedule T)
	CPA	pation / Job title (See Instructions)	Employer (See In R.Mendoza and	d Company, PC	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/27/2014	Contributor address; City; State; Zip Code 2005 Willow Creek		\$30.00	! !
		Austin, TX 78741		(If travel outside of	Texas, complete Schedule T)
H	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u></u>	,

P.O.Box 12070

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4	4 Report: 5/14
2 FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Quesada, Gloria (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/01/2014	6 Contributor address; City; State; Zip Code 1823 Indian Summer Pass Round Rock, TX 78665		\$50.00	
	Round Rock, 12 76003		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/2014	Contributor address; City; State; Zip Code 2008 Ford St.		\$35.00	
	Austin, TX 78704		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/27/2014	Contributor address; City; State; Zip Code 611 Terrell Hill Dr. Austin, TX 78704	••••	\$50.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		, -
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/12/2014	Contributor address; City; State; Zip Code 1131 Don Ann Ave Austin, TX 78721		\$20.00	
	Addus, TA 10721		(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/05/2014	Contributor address; City; State; Zip Code 1225 Corona Austin, TX 78723		\$110.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	The state of the s
		•		

The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 4/4	l Report: 6/14
FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)	
Date	5 Full name of contributor ☐ out-of-state PAC (ID# Tretter, Eliot (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/08/2014	6 Contributor address; City; State; Zip Code 11804 Danville Dr. Rockville, MD 20852		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
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)
10/09/2014	Contributor address; City; State; Zip Code 2663 Barton Hills Dr. Austin, TX 78704	•••••	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/09/2014	Contributor address; City; State; Zip Code 1715 South 1st Austin, TX 78704		\$25.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	<u>L_`</u>	
	·			
	Date 10/08/2014 Principal occup Date 10/09/2014 Principal occup Date	Date 5 Full name of contributor Out-of-state PAC (ID# Tretter, Eliot (Mr.) 10/08/2014 6 Contributor address; City; State; Zip Code 11804 Danville Dr. Rockville, MD 20852 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Zamora, Emilio (Mr.) 10/09/2014 Contributor address; City; State; Zip Code 2663 Barton Hills Dr. Austin, TX 78704 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Zamora Garcia, Blanca (Ms.) 10/09/2014 Contributor address; City; State; Zip Code 1715 South 1st City; State; Zip Code City; State; Zip Code 1715 South 1st City; State; Zip Code City; State; Zip C	Date 5 Full name of contributor out-of-state PAC (ID#	FileR NAME Almanza, Susana (Ms.) 3 ACCOUNT # 00078741 Date 5 Full name of contributor out-of-state PAC (ID#

POLITIC	AL EXPENDITURES		SCHEDULE F
	EXPENDITURE (CATEGORIES	
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/ ing Legal Services Solicitationse Food/Beverage Expense Travel In Polling Expense Office Over the Printing Expense	Wages/Contract Labor Loan Repay nr/Fundraising Expense Transportat District Contribution ut Of District Candidat	rment/Reimbursement ion Equipment & Related Expense is/Donations Made By e/Officeholder/Political Committee ter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/8 Re			00078741
4 Date 10/23/2014	5 Payee name Almanza, Librado (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$500.00	6103 Larch Terrace Austin, TX 78741		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	le) (b) Description (If travel outs Contract Labor	ide of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	John det Labor	
EXPENDITURE		Check if Austin, TX, officeho	older living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
10/16/2014	Am Pro Productions		
Amount (\$)	Payee address City; State; Zip Code		
\$612.70	7202 Smokey Hill Rd. Austin, TX 78736		
PURPOSE	Category (See Categories listed at the top of this scheduler Printing Expense	le) Description (If travel outs Signs	ide of Texas, complete Schedule T)
OF EXPENDITURE		Check If Austin, TX, officeho	older living evnence
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
10/17/2014	American Printing		
Amount (\$)	Payee address City; State; Zip Code		
\$2,199.13	тх		
PURPOSE	Category (See Categories listed at the top of this schedu	lle) Description (If travel outs Door Hangers	ide of Texas, complete Schedule T)
OF	Printing Expense	Door Hangers	
EXPENDITURE		Check if Austin, TX, officeho	older living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
10/17/2014	Bill Miller BBQ Payee address City; State; Zip Code		
Amount (\$) \$9.83	Payee address City, State, 219 Code		
Ψ9.03	тх		
buocoss	Category (See Categories listed at the top of this schedu		ide of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Misc	
EXPENDITURE		Check if Austin, TX, officeho	older living evnence
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	

POLITIC	AL EXPENDITURES	SCHEDULE F
	EXPENDITURE CATE	GORIES
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fund	raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/8 Re	·	00078741
4 Date 10/21/2014	5 Payee name Cicis Pizza	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$16.54	тх	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Food
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	•	
Date	Payee name	
10/07/2014	City of Austin	
Amount (\$)	Payee address City; State; Zip Code	
\$82.49	тх	
D.I.D.D.O.G.	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Utilities Campaign Headquarters
EXPÉNDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/22/2014	C-Store	
Amount (\$)	Payee address City; State; Zip Code	
\$20.01	тх	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Gas, Outreach
OF	Travel In District	
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/22/2014	Dollar General	
Amount (\$)	Payee address City; State; Zip Code	
\$4.33	тх	S
Blibbook	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Office
PURPOSE OF	OTHER - Supplies	O III C
EXPENDITURE		Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

to benefit C/OH

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

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

Loan Repayment/Reimbursement Contributions/Donations Made By

Transportation Equipment & Related Expense Event Expense Travel Out Of District Office Overhead/Rental Expense Polling Expense Printing Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) Schedule: 3/8 Report: 9/14 00078741 4 Date 5 Payee name 10/20/2014 ExxonMobil 6 Amount (\$) Payee address City: State: Zip Code \$47.39 TX (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Gas Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Family Dollar 10/06/2014 Payee address City; State; Amount (\$) Zip Code \$10.07 TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office OTHER - Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Felan, Michael 10/20/2014 Amount (\$) Payee address City; State; Zip Code \$50.00 9323 Manchaca Austin, TX 78748 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract Labor Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 10/25/2014 GoFundMe Amount (\$) Payee address City; State; Zip Code \$102.22 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Online Donation Service OTHER - Fees **OF EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

sinse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Pental Expense

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

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) Schedule: 4/8 Report: 10/14 00078741 Date 5 Payee name 09/30/2014 HEB Amount (\$) Payee address City; State; Zip Code \$36.20 Austin, TX 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Food and Supplies Event Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name HEB 10/14/2014 Amount (\$) Payee address City; State; Zip Code \$47.85 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Food and Supplies Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 10/20/2014 HEB Amount (\$) Payee address City; State; Zip Code \$89.36 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food and Supplies **Event Expense** OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name HEB 10/21/2014 Amount (\$) Payee address City; State; Zip Code \$5.38 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food and Supplies **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Event Expense Fees	Polling Expense Travel Out of Di Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 5/8 Re	port: 11/14 Almanza, Susana (Ms.)	00078741
4 Date	5 Payee name	
09/29/2014	Herrera, Christino (Mr.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$100.00	1406 Vargas Austin, TX 78741	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/06/2014	HostGator.Com	
Amount (\$)	Payee address City; State; Zip Code	
\$63.64	TV	•
	TX	
		D
PURPOSE	Category (See Categories listed at the top of this schedule) OTHER - Website	Description (If travel outside of Texas, complete Schedule T) Campaign Website
OF	OTTIER - Website	,
EXPENDITURE		Check If Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name KTXZ Radio	
10/10/2014 Amount (\$)	Payee address City; State; Zip Code	
, ,	Payee audiess Oity, State, Zip Code	
\$160.00	TX	
-	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Political Annoucement
OF	National Expenses	
EXPENDITURE		Check if Austin, TX, afficeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
10/01/2014	Payee name Little Cesars	
Amount (\$)	Payee address City; State; Zip Code	
\$174.55	. ayaa aaaaaa aay, aaaa, aay aaa	
φ1/4.35	тх	
1		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Food
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Event Expense Fees		Expense Expense	Travel Out Of Di Office Overhead	strict I/Rental Expense	Candida OTHER (en	te/Officeholder/Political Committee iter a category not listed above)
	·		Guide explains ho	w to complete th		<u> </u>
1 PAGE#		2 FILER NAME				3 ACCOUNT # (TEC filers
Schedule: 6/8 Re	eport: 12/14	Almanza, Susana	(Ms.)			00078741
4 Date	5 Payee name					
10/07/2014	Llanes, Dan	iel (Mr.)				
6 Amount (\$)	7 Payee addres	s City; State	; Zip Code			
\$500.00	4907 Red B					
	Austin, TX	/8/02				
			<u> </u>	<u>,</u>		
8 PURPOSE		Categories listed at the top	of this schedule)	(b) Description Contract		ide of Texas, complete Schedule T)
OF	Salaries/vva	ges/Contract Labor		Contract	Labor	
EXPENDITURE				l—		
9 Complete ONLY if	Candidate / O	fficeholder name	············			older living expense
direct expenditure	Candidate / C	incendider hame		Office	sought:	Office held:
to benefit C/OH	<u></u>					
Date	Payee name					
10/22/2014	Llanes, Dani	el (Mr.)				
Amount (\$)	Payee addres	s City; State	; Zip Code			······································
\$300.00	4907 Red Bl					
	Austin, TX 7	8/02				
PURPOSE		Categories listed at the top	of this schedule)	Descriptio		ide of Texas, complete Schedule T)
OF	Salaries/Wa	ges/Contract Labor		Contract	Labor	
EXPENDITURE						
Complete ONLY if	Condidate / O	ficeholder name				ider living expense
direct expenditure	Candidate / O	nicenoloer name		Office	sought:	Office held:
to benefit C/OH	<u> </u>	<u> </u>				
Date	Payee name					
10/20/2014	Murphy/Walr	nart				
Amount (\$)	Payee address	City; State;	Zip Code			
\$20.23	- ***					
	TX					
PURPOSE		Categories listed at the top	of this schedule)	Descriptio	n (If travel outsi	de of Texas, complete Schedule T)
OF	Travel In Dis	ITICE		Gas		
EXPENDITURE				l		
Complete ONLY if	Candidate / Of	ficeholder name				ider living expense
direct expenditure	Juliana Co	neoneral name		Onice	sought:	Office held:
to benefit C/OH						
Date	Payee name					
10/21/2014	Noyola, Ange	elica (Ms.)				
Amount (\$)	Payee address	,	Zip Code			
\$425.00	620 Montopo	lis 0744				
	Austin, TX 7	8/41				
		····			 	
PURPOSE		Categories listed at the top	of this schedule)	Description	n (If travel outsid	de of Texas, complete Schedule T)
OF]	Salaries/Wag	es/Contract Labor		Contract	rapor	
EXPENDITURE						•
Complete ONLY if	Candidate / Of	iceholder name				der living expense
direct expenditure	Odriowate / Or	INCOMORTIAINE		Опісе	sought:	Office held:
to benefit C/OH		· · · · · · · · · · · · · · · · · · ·			 	

Electronic Filing Version 3.4.6

POLITIC	AL EXPENDITURES		SCHEDULE F
	EXPENDITURE CAT	EGORIES	
Advertising Exper Accounting/Banki Consulting Expen Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wage ing Legal Services Solicitation/Fu nse Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	es/Contract Labor Loan Repayme Indraising Expense Transportation Contributions/L District Candidate/C ead/Rental Expense OTHER (enter	ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
1 PAGE# Schedule: 7/8 Re	2 FILER NAME	••····································	3 ACCOUNT # (TEC filers) 00078741
4 Date 10/21/2014	5 Payee name Noyola, Angelica (Ms.)		
6 Amount (\$) \$150.00	7 Payee address City; State; Zip Code 620 Montopolis Austin, TX 78741	· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Contract Labor	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholde Office sought:	er living expense Office held:
Date 10/08/2014	Payee name Online Detail and Images		
Amount (\$) \$3.00	Payee address City; State; Zip Code		:
PURPOSE OF	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside Logo	of Texas, complete Schedule T)
EXPENDITURE		Check If Austin, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 10/22/2014	Payee name Rangel, Janie (Ms.)		
Amount (\$) \$700.00	Payee address City; State; Zip Code 1005 Gullett Austin, TX 78702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Contract Labor	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check If Austin, TX, officehold Office sought:	Office held:
Date 10/22/2014	Payee name Santis, Rosa (Ms.)		•
Amount (\$) \$500.00	Payee address City, State; Zip Code 403 Springdale Rd Austin, TX 78702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Campaign Headquarters	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officehold Office sought:	der Ilving expense Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing 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)

Fees	Printing Expense Office Overhead The INSTRUCTION GUIDE explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers
Schedule: 8/8 R	1 41 6 74 1	00078741
4 Date	5 Payee name	
10/20/2014	Walmart	
6 · Amount (\$)	7 Payee address City; State; Zip Code	
\$92.87	тх	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food Supplies
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		Office sought: Office held:
Date	Payee name	
10/20/2014	YES Printing	
Amount (\$)	Payee address City; State; Zip Code	
\$ 539.40	тх	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Brochures, Campaign
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH		Office sought: Office held: