

# 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 14

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

 MS / MRS / MR FIRST MI  
 Ms. Susana  
 NICKNAME LAST SUFFIX  
 Almanza

**OFFICE USE ONLY**

Date Received

 OCT 27 PM 3:12  
 RECEIVED  
 AUSTIN CITY CLERK

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 6103 Larch Terrace  
 Austin, TX 78741

☐ Change of Address

**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**
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD  
COVERED**

 Month Day Year  
 09/26/2014 THROUGH 10/25/2014

**10 ELECTION**

 ELECTION DATE ELECTION TYPE  
 Month Day Year  
 11/04/2014 ☐ Primary ☐ Runoff ☒ General ☐ Special

**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)**

Austin City Council District 3

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Almanza, Susana (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
0007874115 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	100.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,600.00
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EXPENDITURE  
TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4.	TOTAL POLITICAL EXPENDITURES	\$	7,562.19
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CONTRIBUTION  
BALANCE

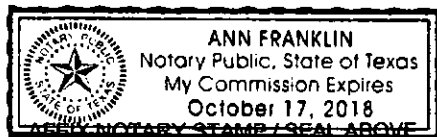
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,081.65
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OUTSTANDING  
LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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## 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

Sworn to and subscribed before me, by the said Susana Almanza, this the 27<sup>th</sup> day of October, 2014, to certify which, witness my hand and seal of office.

Ann Franklin  
Signature of officer administering oath

Ann Franklin  
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: 1/4 Report: 3/14

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

10/17/2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bolton Brown, Catherine (Ms.)

6 Contributor address; City; State; Zip Code  
501 Lightsey Rd  
Austin, TX 78704

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

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

9 Principal occupation / Job title (See Instructions)  
Philanthropist

10 Employer (See Instructions)  
Self

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
De Leon, Jesse (Mr.)

Contributor address; City; State; Zip Code  
507 Chihuahua Trail  
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

10/02/2014

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

Contributor address; City; State; Zip Code  
1311 Alegria Rd.  
Austin, TX 78757

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)  
Director of Operations, Youth Justice Division

Employer (See Instructions)  
SW Key

Date

10/14/2014

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

Contributor address; City; State; Zip Code  
1211 Blair Way  
Austin, TX 78704

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

10/09/2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gonzales, Elizabeth S. (Ms.)

Contributor address; City; State; Zip Code  
724 Wales Way  
Austin, TX 78748

Amount of contribution (\$)

\$150.00

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: 2/4 Report: 4/14

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

10/23/2014

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

6 Contributor address; City; State; Zip Code  
6808 Tulane  
Austin, TX 78723

7 Amount of  
contribution (\$)

\$20.00

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

10/24/2014

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

Contributor address; City; State; Zip Code  
605 Carismatic Lane  
Austin, TX 78748

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

10/20/2014

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

Contributor address; City; State; Zip Code

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

10/14/2014

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

Contributor address; City; State; Zip Code  
2512 IH 35 South,  
#340  
Austin, TX 78704

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)  
CPA

Employer (See Instructions)  
R.Mendoza and Company, PC

Date

09/27/2014

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

Contributor address; City; State; Zip Code  
2005 Willow Creek  
Apt 10  
Austin, TX 78741

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: 3/4 Report: 5/14

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date  
  
10/01/2014

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

6 Contributor address; City; State; Zip Code  
1823 Indian Summer Pass  
Round Rock, TX 78665

7 Amount of  
contribution (\$)  
  
\$50.00

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# \_\_\_\_\_)  
Renteria, Rene (Mr.)

10/25/2014

Contributor address; City; State; Zip Code  
2008 Ford St.  
Austin, TX 78704

Amount of  
contribution (\$)  
  
\$35.00

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# \_\_\_\_\_)  
Roar, Ruby (Ms.)

09/27/2014

Contributor address; City; State; Zip Code  
611 Terrell Hill Dr.  
Austin, TX 78704

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# \_\_\_\_\_)  
Rosas, Lilia (Ms.)

10/12/2014

Contributor address; City; State; Zip Code  
1131 Don Ann Ave  
Austin, TX 78721

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

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

10/05/2014

Contributor address; City; State; Zip Code  
1225 Corona  
Austin, TX 78723

Amount of  
contribution (\$)  
  
\$110.00

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: 4/4 Report: 6/14

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 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) ☐

9 Principal occupation / Job title (See Instructions)

10 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)

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 occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Zamora Garcia, Blanca (Ms.)

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

(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: 1/8 Report: 7/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741
<b>4 Date</b> 10/23/2014	<b>5 Payee name</b> Almanza, Librado (Mr.)			
<b>6 Amount (\$)</b> \$500.00	<b>7 Payee address</b> City; State; Zip Code 6103 Larch Terrace Austin, TX 78741			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(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>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought: Office held:			
<b>Date</b> 10/16/2014	<b>Payee name</b> Am Pro Productions			
<b>Amount (\$)</b> \$612.70	<b>Payee address</b> City; State; Zip Code 7202 Smokey Hill Rd. Austin, TX 78736			
<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"/> Signs  <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> 10/17/2014	<b>Payee name</b> American Printing			
<b>Amount (\$)</b> \$2,199.13	<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) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Door Hangers  <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> 10/17/2014	<b>Payee name</b> Bill Miller BBQ			
<b>Amount (\$)</b> \$9.83	<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) Food/Beverage 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:			

**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: 2/8 Report: 8/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741
<b>4 Date</b> 10/21/2014	<b>5 Payee name</b> Cicis Pizza			
<b>6 Amount (\$)</b> \$16.54	<b>7 Payee address</b> City; State; Zip Code 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"/> Food	
	<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> 10/07/2014	<b>Payee name</b> City of Austin			
<b>Amount (\$)</b> \$82.49	<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) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities Campaign Headquarters	
	<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> 10/22/2014	<b>Payee name</b> C-Store			
<b>Amount (\$)</b> \$20.01	<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) Travel In District		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas, Outreach	
	<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> 10/22/2014	<b>Payee name</b> Dollar General			
<b>Amount (\$)</b> \$4.33	<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 - Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office	
	<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: 3/8 Report: 9/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 10/20/2014	<b>5 Payee name</b> ExxonMobil				
<b>6 Amount (\$)</b> \$47.39	<b>7 Payee address</b> City: State; Zip Code TX				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel In District		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas		
	<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> 10/06/2014	<b>Payee name</b> Family Dollar				
<b>Amount (\$)</b> \$10.07	<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 - Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office		
	<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> 10/20/2014	<b>Payee name</b> Felan, Michael				
<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City: State; Zip Code 9323 Manchaca Austin, TX 78748				
<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> 10/25/2014	<b>Payee name</b> GoFundMe				
<b>Amount (\$)</b> \$102.22	<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 - Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Donation Service		
	<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: 4/8 Report: 10/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 09/30/2014	<b>5 Payee name</b> HEB				
<b>6 Amount (\$)</b> \$36.20	<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) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and 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> 10/14/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$47.85	<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"/> Food and Supplies		
	<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> 10/20/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$89.36	<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"/> Food and Supplies		
	<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> 10/21/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$5.38	<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"/> Food and Supplies		
	<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: 5/8 Report: 11/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 09/29/2014	<b>5 Payee name</b> Herrera, Christino (Mr.)				
<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City: State; Zip Code 1406 Vargas Austin, TX 78741				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(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>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/06/2014	<b>Payee name</b> HostGator.Com				
<b>Amount (\$)</b> \$63.64	<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 - Website		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Website		
	<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> 10/10/2014	<b>Payee name</b> KTXZ Radio				
<b>Amount (\$)</b> \$160.00	<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"/> Political Annoucement		
	<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> 10/01/2014	<b>Payee name</b> Little Cesars				
<b>Amount (\$)</b> \$174.55	<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) 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:

**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: 6/8 Report: 12/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 10/07/2014	<b>5 Payee name</b> Llanes, Daniel (Mr.)				
<b>6 Amount (\$)</b> \$500.00	<b>7 Payee address</b> City: State: Zip Code 4907 Red Bluff Austin, TX 78702				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(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>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/22/2014	<b>Payee name</b> Llanes, Daniel (Mr.)				
<b>Amount (\$)</b> \$300.00	<b>Payee address</b> City: State: Zip Code 4907 Red Bluff Rd. Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (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> 10/20/2014	<b>Payee name</b> Murphy/Walmart				
<b>Amount (\$)</b> \$20.23	<b>Payee address</b> City: State: Zip Code TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas  <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> 10/21/2014	<b>Payee name</b> Noyola, Angelica (Ms.)				
<b>Amount (\$)</b> \$425.00	<b>Payee address</b> City: State: Zip Code 620 Montopolis Austin, TX 78741				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (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:

**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: 7/8 Report: 13/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 10/21/2014		<b>5 Payee name</b> Noyola, Angelica (Ms.)			
<b>6 Amount (\$)</b> \$150.00		<b>7 Payee address</b> City: State: Zip Code 620 Montopolis Austin, TX 78741			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(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>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/08/2014		<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>		<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"/> 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> 10/22/2014		<b>Payee name</b> Rangel, Janie (Ms.)			
<b>Amount (\$)</b> \$700.00		<b>Payee address</b> City: State: Zip Code 1005 Gullett Austin, TX 78702			
<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> 10/22/2014		<b>Payee name</b> Santis, Rosa (Ms.)			
<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"/> 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: 8/8 Report: 14/14		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741
<b>4 Date</b> 10/20/2014	<b>5 Payee name</b> Walmart			
<b>6 Amount (\$)</b> \$92.87	<b>7 Payee address</b> City; State; Zip Code 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"/> Food 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> 10/20/2014	<b>Payee name</b> YES Printing			
<b>Amount (\$)</b> \$539.40	<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) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Brochures, Campaign	
	<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: