

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Susana</i>	MI	Date Received		
	NICKNAME	LAST <i>Almanza</i>	SUFFIX	Date Hand-delivered or Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
			<i>10 / 26 / 2014</i>	THROUGH	<i>12 / 6 / 2014</i>	
	Date Processed					
Date Imaged						

RECEIVED  
2014 DEC 9 AM 11:10

AUSTIN CITY CLERK

6 EXPLANATION OF CORRECTION

*1) Address Correction for Contract Labor*  
*2) Title of Contributor*  
*3) Typo on 2 Expenses*

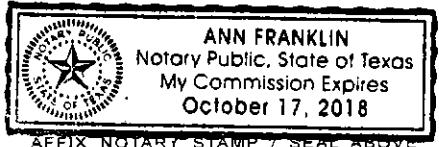
7 AFFIDAVIT

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

Check ONLY if applicable:

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

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



*Susana Almanza*  
*Susana Almanza*  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Susana Almanza* this the *9th* day of *December*

20*14* to certify which, witness my hand and seal of office.  
*Ann Franklin* *Ann Franklin* *Notary Public*  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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



# 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	\$ 60.00
-----------------------------------------------------------------------------------------------------------------------	----------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,015.58
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
-------------------------------------------------------------------	---------

4. TOTAL POLITICAL EXPENDITURES	\$ 15,313.60
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CONTRIBUTION BALANCE

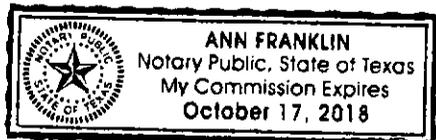
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,063.89
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OUTSTANDING LOAN TOTALS

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

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 9th day of December, 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 Public  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 4/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) City of Austin-Fair Campaign Fund  6 Contributor address; City; State; Zip Code 201 W. Cesar Chavez Austin, TX	7 Amount of contribution (\$)  \$27,988.58	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Lanetta (Ms.)  Contributor address; City; State; Zip Code 5008 Eilers Austin, TX 78751	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooper, Lanetta (Ms.)  Contributor address; City; State; Zip Code 5008 Eilers Austin, TX 78751	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/25/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diaz, Antonio (Mr.)  Contributor address; City; State; Zip Code 158 38th St Oakland, CA 94609	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) People Organized to Defend Environmental Rights (PODER)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6 Report: 6/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  10/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Paloma (Ms.)  6 Contributor address; City; State; Zip Code 2308 Riverside Farms Rd Austin, TX 78741	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Paloma (Ms.)  Contributor address; City; State; Zip Code 2308 Riverside Farms Rd Austin, TX 78741	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, David (Mr.)  Contributor address; City; State; Zip Code 1808 Kerr Dr. Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) La Voz  Contributor address; City; State; Zip Code PO Box 19457 Austin, TX 78760	Amount of contribution (\$)  \$3,000.00	In-kind contribution description (if applicable) Advertising Newspaper Ad
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leib, Richard (Mr.)  Contributor address; City; State; Zip Code 455 Barbara Ave. Solana Beach, CA 92075	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 5/6 Report: 7/26	
<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00078741	
<b>4 Date</b>  12/04/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Loya, Maria (Ms.)  ..... <b>6 Contributor address; City; State; Zip Code</b> 464 Lucas Ave, Ste 202 Los Angeles, CA 90017	<b>7 Amount of contribution (\$)</b>  \$350.00	<b>8 In-kind contribution description (if applicable)</b>         <input type="checkbox"/> (if travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b> Director		<b>10 Employer (See Instructions)</b> LAANE (Los Angeles Alliance for a New Economy)	
<b>Date</b>  11/21/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Perales, Marisa (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 2104 Willow St. Austin, TX 78702	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>         <input type="checkbox"/> (if travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/10/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Gilbert (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 1000 Glen Oaks Court Austin, TX 78702	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>         <input type="checkbox"/> (if travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/10/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Jane (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 1000 Glen Oaks Court Austin, TX 78702	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>         <input type="checkbox"/> (if travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  11/21/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Jane (Ms.)  ..... <b>Contributor address; City; State; Zip Code</b> 1000 Glen Oaks Court Austin, TX 78702	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>         <input type="checkbox"/> (if travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6 Report: 8/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date  11/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian (Mr.)  6 Contributor address; City; State; Zip Code 1112 W. 9th 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) Real Estate Investor		10 Employer (See Instructions) Self	
Date  11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Dionisio (Mr.)  Contributor address; City; State; Zip Code 8113 Doe Meadow Dr. Austin, TX 78749	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 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: 1/18 Report: 9/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 12/06/2014		<b>5 Payee name</b> Alonso's Tacos			
<b>6 Amount (\$)</b> \$21.33		<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  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/19/2014		<b>Payee name</b> AT&T Mobility			
<b>Amount (\$)</b> \$191.30		<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 - Phone		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cell  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/05/2014		<b>Payee name</b> Briones, Patricia (Ms.)			
<b>Amount (\$)</b> \$110.00		<b>Payee address</b> City; State; Zip Code 5001 Lott Ave Austin, TX 78721			
<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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/03/2014		<b>Payee name</b> Cicis Pizza			
<b>Amount (\$)</b> \$25.46		<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"/> Meeting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		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: 2/18 Report: 10/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/06/2014		<b>5 Payee name</b> City of Austin			
<b>6 Amount (\$)</b> \$49.49		<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 12/04/2014		<b>Payee name</b> City of Austin			
<b>Amount (\$)</b> \$32.88		<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 12/01/2014		<b>Payee name</b> Corner Store			
<b>Amount (\$)</b> \$21.16		<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) Travel In District		<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/04/2014		<b>Payee name</b> Dan's Hamburgers			
<b>Amount (\$)</b> \$19.02		<b>Payee address</b> City; State; Zip Code  Austin, TX 78702			
<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"/> Meeting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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: 3/18 Report: 11/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 12/02/2014	<b>5 Payee name</b> Dollar General				
<b>6 Amount (\$)</b> \$31.39	<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) OTHER - Supplies		<b>(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>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/06/2014	<b>Payee name</b> Dollar General				
<b>Amount (\$)</b> \$51.96	<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 - Supplies		<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> 12/06/2014	<b>Payee name</b> Dollar General				
<b>Amount (\$)</b> \$17.57	<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 - 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> 11/04/2014	<b>Payee name</b> El Milagro				
<b>Amount (\$)</b> \$8.10	<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) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting <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: 4/18 Report: 12/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/04/2014		<b>5 Payee name</b> Gabriel, Cassandra (Ms.)			
<b>6 Amount (\$)</b> \$80.00		<b>7 Payee address</b> City:   State:   Zip Code 310 Carriage Way Kyle, TX 78640			
<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/04/2014		<b>Payee name</b> Gabriel, Cassandra (Ms.)			
<b>Amount (\$)</b> \$65.00		<b>Payee address</b> City:   State:   Zip Code 310 Carriage Way Kyle, TX 78640			
<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/05/2014		<b>Payee name</b> Gabriel, Cassandra (Ms.)			
<b>Amount (\$)</b> \$140.00		<b>Payee address</b> City:   State:   Zip Code 310 Carriage Way Kyle, TX 78640			
<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 12/05/2014		<b>Payee name</b> Gas/Carwash #628			
<b>Amount (\$)</b> \$19.92		<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) Travel In District		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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: 5/18 Report: 13/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 12/06/2014	<b>5 Payee name</b> GoFundMe				
<b>6 Amount (\$)</b> \$111.30	<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 - Online Donations		<b>(b) Description</b> (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fee		
	<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> 11/06/2014	<b>Payee name</b> Guajardo, Martin (Mr.)				
<b>Amount (\$)</b> \$110.00	<b>Payee address</b> City; State; Zip Code 620 Montopolis Austin, TX 78741				
<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> 10/31/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$25.46	<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) Travel In District		<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>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/03/2014	<b>Payee name</b> HEB				
<b>Amount (\$)</b> \$67.32	<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: 6/18 Report: 14/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/29/2014		<b>5 Payee name</b> Herrera, Chavelo (Mr.)			
<b>6 Amount (\$)</b> \$40.00		<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/30/2014		<b>Payee name</b> Herrera, Christino (Mr.)			
<b>Amount (\$)</b> \$125.00		<b>Payee address</b> City; State; Zip Code 1406 Vargas Austin, TX 78741			
<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/28/2014		<b>Payee name</b> Herrera, Christino (Mr.)			
<b>Amount (\$)</b> \$250.00		<b>Payee address</b> City; State; Zip Code 1406 Vargas Austin, TX 78741			
<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 12/01/2014		<b>Payee name</b> Herrera, Sylvia Ph.D. (Ms.)			
<b>Amount (\$)</b> \$1,000.00		<b>Payee address</b> City; State; Zip Code 934 Springdale 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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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: 7/18 Report: 15/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 12/04/2014		<b>5 Payee name</b> Hobby Lobby			
<b>6 Amount (\$)</b> \$20.50		<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 10/30/2014		<b>Payee name</b> KTXZ			
<b>Amount (\$)</b> \$200.00		<b>Payee address</b> City:   State:   Zip Code 2211 S. IH 35, Austin, TX 78741			
<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"/> Radio Ad  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/28/2014		<b>Payee name</b> KTXZ			
<b>Amount (\$)</b> \$250.00		<b>Payee address</b> City:   State:   Zip Code 2211 S. IH 35, Austin, TX 78741			
<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"/> Radio Ad  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 12/03/2014		<b>Payee name</b> La Voz			
<b>Amount (\$)</b> \$1,650.00		<b>Payee address</b> City:   State:   Zip Code PO Box 19457 Austin, TX 78760			
<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"/> Newspaper Ad  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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: 8/18 Report: 16/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/26/2014		<b>5 Payee name</b> Little Cesars			
<b>6 Amount (\$)</b> \$13.96		<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) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 12/01/2014		<b>Payee name</b> Little Cesars			
<b>Amount (\$)</b> \$13.96		<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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/25/2014		<b>Payee name</b> Llanes, Daniel (Mr.)			
<b>Amount (\$)</b> \$120.00		<b>Payee address</b> City; State; Zip Code 4907 Red Bluff Rd. 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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 11/25/2014		<b>Payee name</b> Llanes, Daniel (Mr.)			
<b>Amount (\$)</b> \$1,500.00		<b>Payee address</b> City; State; Zip Code 4907 Red Bluff Rd. 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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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: 9/18 Report: 17/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/05/2014		<b>5 Payee name</b> Marcelino's Pan y Vida			
<b>6 Amount (\$)</b> \$116.64		<b>7 Payee address</b> City; State; Zip Code Austin, TX 78702			
<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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/21/2014		<b>Payee name</b> Marcelino's Pan y Vida			
<b>Amount (\$)</b> \$15.23		<b>Payee address</b> City; State; Zip Code Austin, TX 78702			
<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"/> Meeting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/10/2014		<b>Payee name</b> Mi Madres Restaurant			
<b>Amount (\$)</b> \$41.02		<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) Food/Beverage Expense		<b>Description</b> (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/24/2014		<b>Payee name</b> Murphy/Walmart			
<b>Amount (\$)</b> \$22.77		<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  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		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: 10/18 Report: 18/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/12/2014	<b>5 Payee name</b> Office Depot				
<b>6 Amount (\$)</b> \$102.81	<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 - Office		<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> 11/12/2014	<b>Payee name</b> Office Depot				
<b>Amount (\$)</b> \$69.27	<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		<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>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 11/14/2014	<b>Payee name</b> Office Depot				
<b>Amount (\$)</b> \$14.06	<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		<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>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 12/01/2014	<b>Payee name</b> Office Depot				
<b>Amount (\$)</b> \$89.98	<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		<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>	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: 11/18 Report: 19/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/10/2014	<b>5 Payee name</b> Office Max				
<b>6 Amount (\$)</b> \$66.52	<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) OTHER - Office Supplies		<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> 11/20/2014	<b>Payee name</b> Office Max				
<b>Amount (\$)</b> \$15.47	<b>Payee address</b> City: State; Zip Code 907 West Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print		
	<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> 12/05/2014	<b>Payee name</b> Office Max				
<b>Amount (\$)</b> \$91.77	<b>Payee address</b> City: State; Zip Code 907 West Austin, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Supplies		Description (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> 11/10/2014	<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"/> Design		
	<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: 12/18 Report: 20/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/17/2014		<b>5 Payee name</b> Opinion Analysts			
<b>6 Amount (\$)</b> \$135.31		<b>7 Payee address</b> City: State; Zip Code 906 Rio Grande Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Electoral Info		<b>(b) Description Data</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/25/2014		<b>Payee name</b> Opinion Analysts			
<b>Amount (\$)</b> \$146.14		<b>Payee address</b> City: State; Zip Code 906 Rio Grande Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Electoral Info		<b>Description Data</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/24/2014		<b>Payee name</b> Quick Print-Shoal			
<b>Amount (\$)</b> \$2,600.47		<b>Payee address</b> City: State; Zip Code 8311 Shoal Creek Austin, 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"/> Mail Out Ad	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/28/2014		<b>Payee name</b> Quick Print-Shoal			
<b>Amount (\$)</b> \$3,600.00		<b>Payee address</b> City: State; Zip Code 8311 Shoal Creek Austin, 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"/> Mail Out Ad	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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: 13/18 Report: 21/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/04/2014	<b>5 Payee name</b> Radio Fiesta 97.1				
<b>6 Amount (\$)</b> \$270.00	<b>7 Payee address</b> City; State; Zip Code 7901 Cameron Rd Austin, TX 78754				
<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"/> Radio Ad		
	<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> 12/06/2014	<b>Payee name</b> Renteria, Corazon (Ms.)				
<b>Amount (\$)</b> \$220.00	<b>Payee address</b> City; State; Zip Code 1406 Vargas Austin, TX 78741				
<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> 11/13/2014	<b>Payee name</b> Renteria, Lucy (Ms.)				
<b>Amount (\$)</b> \$30.00	<b>Payee address</b> City; State; Zip Code 1503 Willow St. #B 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> 11/12/2014	<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"/> 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</b> PAGE # Schedule: 14/18 Report: 22/26	<b>2</b> FILER NAME Almanza, Susana (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00078741
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<b>4</b> Date 12/01/2014	<b>5</b> Payee name Shell
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<b>6</b> Amount (\$) \$27.33	<b>7</b> Payee address City; State; Zip Code Austin, TX
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/27/2014	Payee name Shultz, Erin (Ms.)
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Amount (\$) \$40.00	Payee address City; State; Zip Code 2504 Huntwick #160 Austin, TX
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<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	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/05/2014	Payee name Sonic Drive In
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Amount (\$) \$12.97	Payee address City; State; Zip Code Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/26/2014	Payee name Taqueria Arandina
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Amount (\$) \$20.17	Payee address City; State; Zip Code TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# 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: 15/18 Report: 23/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 10/31/2014	<b>5 Payee name</b> Taqueria Chapala				
<b>6 Amount (\$)</b> \$18.41	<b>7 Payee address</b> City; State; Zip Code Austin, TX 78702				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting		
	<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> 11/07/2014	<b>Payee name</b> Taqueria Chapala				
<b>Amount (\$)</b> \$18.41	<b>Payee address</b> City; State; Zip Code Austin, TX 78702				
<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"/> Meeting		
	<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> 11/12/2014	<b>Payee name</b> Taqueria Chapala				
<b>Amount (\$)</b> \$37.47	<b>Payee address</b> City; State; Zip Code Austin, TX 78702				
<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"/> Meeting		
	<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> 11/14/2014	<b>Payee name</b> Taqueria Chapala				
<b>Amount (\$)</b> \$30.65	<b>Payee address</b> City; State; Zip Code Austin, TX 78702				
<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"/> Meeting		
	<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: 16/18 Report: 24/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/24/2014	<b>5 Payee name</b> Taqueria Chapala				
<b>6 Amount (\$)</b> \$34.14	<b>7 Payee address</b> City; State; Zip Code Austin, TX 78702				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting		
	<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> 12/05/2014	<b>Payee name</b> Taqueria Chapala				
<b>Amount (\$)</b> \$28.28	<b>Payee address</b> City; State; Zip Code Austin, TX 78702				
<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"/> Meeting		
	<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> 12/06/2014	<b>Payee name</b> Threadgills				
<b>Amount (\$)</b> \$21.88	<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) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting		
	<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> 11/06/2014	<b>Payee name</b> USPS				
<b>Amount (\$)</b> \$39.20	<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 Expense		<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:

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 17/18 Report: 25/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 10/27/2014		<b>5 Payee name</b> Vargas, Laura (Ms.)			
<b>6 Amount (\$)</b> \$120.00		<b>7 Payee address City; State; Zip Code</b> 4926 E. Cesar Chavez, Bldg B Austin, TX 78702			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract Labor	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/04/2014		<b>Payee name</b> Vargas, Laura (Ms.)			
<b>Amount (\$)</b> \$50.00		<b>Payee address City; State; Zip Code</b> 4700 Riverside Dr. 1424B Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract Labor	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/04/2014		<b>Payee name</b> Vega, Mathew (Mr.)			
<b>Amount (\$)</b> \$110.00		<b>Payee address City; State; Zip Code</b> 1010 Valdez Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract Labor	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/12/2014		<b>Payee name</b> Villalobos, Anita (Ms.)			
<b>Amount (\$)</b> \$100.00		<b>Payee address City; State; Zip Code</b> 1206 Begonia Terrace Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contract Labor	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		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: 18/18 Report: 26/26		<b>2 FILER NAME</b> Almanza, Susana (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00078741	
<b>4 Date</b> 11/26/2014		<b>5 Payee name</b> Walgreens			
<b>6 Amount (\$)</b> \$18.06		<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) OTHER - Supplies		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 11/03/2014		<b>Payee name</b> Walmart			
<b>Amount (\$)</b> \$54.09		<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"/> Supplies	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	