

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 31
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI SUSANA	OFFICE USE ONLY Date Received OCC RECEIVED AT DEC 3 '18 PM4:11 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX ALMANZA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6103 LARCH TERRACE AUSTIN TX 78741		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 770-7896		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LIBRADO		
	NICKNAME LAST SUFFIX ALMANZA		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4926 EAST CESAR CHAVEZ BLDG. D AUSTIN, TX 78702		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (737) 717-2108		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 28 / 2018 THROUGH 12 / 01 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 12 / 11 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special RUNOFF	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL DISTRICT 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **SUSANA ALMANZA** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,558.72
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,192.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,907.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susana Almanza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susana Almanza, this the 3rd day of December, 2018, to certify which, witness my hand and seal of office.

Alyab Mahi
Signature of officer administering oath

Alejandro Medina
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME SUSANA ALMANZA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,558.72
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 12,192.83
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1/10

2 FILER NAME
SUSANA ALMANZA

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/18

5 Full name of contributor out-of-state PAC (ID#: _____)
LESLIE FIELDS

7 Amount of contribution (\$)

330.00

6 Contributor address; City; State; Zip Code

1366 E. STREET NE WASHINGTON, DC 20002

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

SIERRA CLUB

Date
11/01/18

Full name of contributor out-of-state PAC (ID#: _____)
LUIS GUERRA

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1808 KERR AVE AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/12/18

Full name of contributor out-of-state PAC (ID#: _____)
ED WENDLER

Amount of contribution (\$)

350.00

Contributor address; City; State; Zip Code

4803 BALCONES DR. AUSTIN, TX 78731

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

SELF

Date
11/12/18

Full name of contributor out-of-state PAC (ID#: _____)
CORY WALTON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1701 BOULDIN AVE. AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/12/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE LAVIGNE 6 Contributor address; City; State; Zip Code 1514 RICHCREEK RD AUSTIN TX 78757	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) PUBLIC RELATIONS CONSULTANT		9 Employer (See Instructions) SELF
Date 11/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAND WILSON Contributor address; City; State; Zip Code 3 LESTER TERRACE SOMERVILLE MA 2144	Amount of contribution (\$) 27.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETSY GREENBERG Contributor address; City; State; Zip Code 3009 WASHINGTON SQ AUSTIN TX 78705	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID KING Contributor address; City; State; Zip Code 1808 KERR ST. AUSTIN TX 78704	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD & BEKI HALPIN 6 Contributor address; City; State; Zip Code 1707 STONE LEDGE CR. AUSTIN TX 78736	7 Amount of contribution (\$) 56.05
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED MCGHEE Contributor address; City; State; Zip Code 2316 THRASHER LN AUSTIN TX 78741	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) ARCHAEOLOGIST		Employer (See Instructions) SELF
Date 11/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM MAHONEY Contributor address; City; State; Zip Code P.O. BOX 1544 AUSTIN TX 78768	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MITCHELL Contributor address; City; State; Zip Code 5405 AURORA DRIVE AUSTIN TX 78856	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL ALESHIRE	7 Amount of contribution (\$) 350.00
6 Contributor address; City; State; Zip Code 3605 SHADY VALLEY DR. AUSTIN TX 78739		
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) ALESHIRE LAW PC
Date 11/20/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT SWEARINGEN	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1900 FORESTGLADE AUSTIN TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERONICA DELGADO-SAVAGE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2929 LAGERWAY COVE AUSTIN TX 78748		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMANDA MASINO	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1416 KENWOOD AVE AUSTIN TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES DUNCAN 6 Contributor address; City; State; Zip Code 11405 PRADERA DRIVE AUSTIN TX 78759	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) DUNCAN ASSOCIATES
Date 11/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THEODORE SMITH Contributor address; City; State; Zip Code 465 SOUTH 15TH ST. SAN JOSE CA 95112	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN HADDEN Contributor address; City; State; Zip Code 605 CARISMATIC LANE AUSTIN TX 78748	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES CASEY Contributor address; City; State; Zip Code 7202 WHISPERING WINDS DR AUSTIN TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARISA PERALES	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2104 WILLOW ST. AUSTIN TX 78702		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROB RICHARDSON	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2104 WILLOW ST. AUSTIN TX 78702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIOT TRETTER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11804 DANVILLE DRIVE ROCKVILLE MD 20852		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE GREATER ATX-NWPC PAC	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code P.O. BOX 30094 AUSTIN TX 78755		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7/10

2 FILER NAME

SUSANA ALMANZA

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

CENTRAL MACHINE OPERATING CO., LLC

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

4713 E. CESAR CHAVEZ AUSTIN TX 78702

8 Principal occupation / Job title (See Instructions)

SELF

9 Employer (See Instructions)

CENTRAL MACHINE OPERATING CO., LLC

Date

11/13/18

Full name of contributor

out-of-state PAC (ID#: _____)

SUSAN SPATARO

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

6628 HASWELL LN AUSTIN TX 78749

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

11/14/18

Full name of contributor

out-of-state PAC (ID#: _____)

JAMES JACK

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

2008 B RABB GLEN ST. AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

ARCHITECT

Employer (See Instructions)

SELF EMPLOYED

Date

11/15/18

Full name of contributor

out-of-state PAC (ID#: _____)

CHARLOTTE HERZELE

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

3916 AVENUE H AUSTIN TX 78751

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8/10

2 FILER NAME

SUSANA ALMANZA

3 Filer ID (Ethics Commission Filers)

4 Date

11/15/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

MEGAN & ALBERT MEISENBACH

6 Contributor address;

City; State; Zip Code

1800 SAN GABRIEL ST. AUSTIN TX 78701

7 Amount of contribution (\$)

600.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

11/9/18

Full name of contributor

out-of-state PAC (ID#: _____)

ERNESTO & RUBY CALDERON

Contributor address;

City; State; Zip Code

7309 SHADYWOOD DR. AUSTIN TX 78745

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

11/16/18

Full name of contributor

out-of-state PAC (ID#: _____)

WILLIAM SPIESMAN

Contributor address;

City; State; Zip Code

6700 CLAY AVENUE AUSTIN TX 78758

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

11/13/18

Full name of contributor

out-of-state PAC (ID#: _____)

RED BLUFF PARTNERS LLC

Contributor address;

City; State; Zip Code

4713 E CESAR CHAVEZ AUSTIN TX 78702

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

RED BLUFF PARTNERS LLC

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA MCARTHUR	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 5700 CLAY AVE AUSTIN TX 78756		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/14/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELAINE BARBER	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 902 GARDNER RD #21 AUSTIN TX 78721		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 11/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAUREN ROSS	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code 1405 HILLMONT ST. AUSTIN TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 11/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDETTE DAYWOOD	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 3310 GARDEN VILLAGE LN AUSTIN TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/26/18	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 78701	7 Amount of contribution (\$) 15,490.66
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/16/18	5 Payee name HEB	
6 Amount (\$) 126.91	7 Payee address; City; State; Zip Code 2508 E RIVERSIDE DRIVE AUSTIN, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE OFFICE SUPPLIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/29/18	Payee name LUCY RENTERIA	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1503 WILLOW AUSTIN TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/30/18	Payee name Ampro Signs	
Amount (\$) 645.17	Payee address; City; State; Zip Code 7202 Smokey Hill Rd, Austin, TX 78736	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
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4 Date 10/30/18	5 Payee name WELLS FARGO
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6 Amount (\$) 14.00	7 Payee address; City; State; Zip Code 1825 S Pleasant Valley Rd, Austin, TX 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANKING FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/02/18	Payee name TIME WARNER WEST / SPECTRUM
------------------	---

Amount (\$) 125.41	Payee address; City; State; Zip Code 1000 E 41st St Suite 920 Suite 920, Austin, TX 78751
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET/ PHONE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/05/18	Payee name PEDRO HERNANDEZ JR
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Amount (\$) 160.00	Payee address; City; State; Zip Code SUENA DR. AUSTIN TX 78741
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11/05/18	5 Payee name LUCY RENTERIA
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6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code 1503 WILLOW AUSTIN TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/07/18	Payee name LISA ROMERO
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Amount (\$) 70.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/07/18	Payee name LUCY RENTERIA
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Amount (\$) 100.00	Payee address; City; State; Zip Code 1503 WILLOW AUSTIN TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/18	5 Payee name PEDRO HERNANDEZ JR.	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code SUENA DR. AUSTIN, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/19/18	Payee name CRICKET WIRELESS	
Amount (\$) 75.00	Payee address; City; State; Zip Code 2205 E 7th St Ste 102, Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/18	Payee name HEB	
Amount (\$) 47.68	Payee address; City; State; Zip Code 2508 E Riverside Dr, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE OFFICE OVERHEAD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/18	5 Payee name VISTA PRINT	
6 Amount (\$) 1,008.67	7 Payee address; City; State; Zip Code VISTAPRINT.COM	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/19/18	Payee name THOMAS GRAPHICS	
Amount (\$) 487.13	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GRAPHIC DESIGN	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/19/18	Payee name WIX	
Amount (\$) 14.50	Payee address; City; State; Zip Code WIX.COM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WEB HOSTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/18	5 Payee name THOMAS GRAPHICS	
6 Amount (\$) 503.36	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GRAPHIC DESIGN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/10/18	Payee name AUSTIN UTILITIES	
Amount (\$) 47.68	Payee address; City; State; Zip Code 1800 Lavaca St, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense UTILITIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/26/18	Payee name ALONZO'S TACOS	
Amount (\$) 54.94	Payee address; City; State; Zip Code 907 Montopolis Dr, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date 11/16/18	5 Payee name KARA RAMSAY	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 3800 CREEK ROAD DRIPPING SPRINGS, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/19/18	Payee name JAMES BANES	
Amount (\$) 500.00	Payee address; City; State; Zip Code 711 Scarlet Ibis San Antonio Tx 78245	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GRAPHIC DESIGN	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/28/18	Payee name KARA RAMSAY	
Amount (\$) 1,700.00	Payee address; City; State; Zip Code 3800 CREEK ROAD DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)			
4 Date 11/17/18	5 Payee name TEXAS PARTNERS				
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code P.O. BOX 92811 AUSTIN, TX 78709				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/28/18	Payee name MICHAEL ALBA				
Amount (\$) 80.00	Payee address; City; State; Zip Code 2008 WILLOW ST AUSTIN, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/28/18	Payee name CHRISTOPHER RAMON				
Amount (\$) 80.00	Payee address; City; State; Zip Code 9602 CAPITOL VIEW DR. AUSTIN TX 78747				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
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4 Date 11/23/18	5 Payee name Angela Artiga
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 1809 E. 4th Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/23/18	Payee name Larissa Garza
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Amount (\$) 150.00	Payee address; City; State; Zip Code 1809 E. 4th Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/23/18	Payee name Megan Kramm
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Amount (\$) 45.00	Payee address; City; State; Zip Code 1700 Teri Rd. Austin TX 78744
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Susana Almanza		3 Filer ID (Ethics Commission Filers)	
4 Date 11/23/18		5 Payee name Kelsey Perez			
6 Amount (\$) 35.00		7 Payee address; City; State; Zip Code 2515 E. 3rd Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/23/18		Payee name Desiree Segovia			
Amount (\$) 200.00		Payee address; City; State; Zip Code 6925 Colorado High Ave. Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/26/18		Payee name Pedro Hernandez Jr.			
Amount (\$) 100.00		Payee address; City; State; Zip Code Suena dr. Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/18	5 Payee name Zalyssa Ochoa	
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code 6603 Branchwood Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/26/18	Payee name Jeanette Alvarado	
Amount (\$) 40.00	Payee address; City; State; Zip Code 2515 E. 3rd Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/26/18	Payee name Adrian Macias	
Amount (\$) 80.00	Payee address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
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4 Date 11/26/18	5 Payee name Brandon Perez
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 5503 Teri Rd. Austin TX 78744
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contact Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18 2 FILER NAME Susana Almanza 3 Filer ID (Ethics Commission Filers)

4 Date 11/24/18 5 Payee name Angela Artiga

6 Amount (\$) 100.00 7 Payee address; City; State; Zip Code 1809 E. 4th Austin TX 78702

8 PURPOSE OF EXPENDITURE Contract Labor

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11/24/18 Payee name Larissa Garza

Amount (\$) 100.00 Payee address; City; State; Zip Code 1809 E 4th Austin TX 78702

PURPOSE OF EXPENDITURE Contract Labor

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11/24/18 Payee name Jessica

Amount (\$) 100.00 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Contract Labor

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
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4 Date 11/24/18	5 Payee name Lucy Renteria
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1503 Willow Austin TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/24/18	Payee name Corina Sanchez
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Amount (\$) 100.00	Payee address; City; State; Zip Code 2201 Montopolis #926 Austin TX 78741
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/24/18	Payee name Adrian Macias
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Amount (\$)	Payee address; City; State; Zip Code 1406 Vargas Rd. Austin, TX 78741
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE. FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18 2 FILER NAME Susana Almanza 3 Filer ID (Ethics Commission Filers)

4 Date 11/24/18 5 Payee name Pedro Hernandez Jr.

6 Amount (\$) 100.00 7 Payee address; City; State; Zip Code
Suena dr. Austin, TX 78741

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11/24/18 Payee name Brandon Perez

Amount (\$) Payee address; City; State; Zip Code
5503 Terri Rd. Austin, TX 78744

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
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4 Date 11/27/18	5 Payee name Hilario Solis
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 7814 Old Bee Caves Austin, TX 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/18	Payee name Angela Artiga
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Amount (\$) 80.00	Payee address; City; State; Zip Code 1809 E. 4th Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/18	Payee name Larrisa Garza
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Amount (\$) 80.00	Payee address; City; State; Zip Code 1809 E. 4th Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
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4 Date 11/27/18	5 Payee name Desiree Segovia
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 6925 Colorado High Ave. Austin TX 78744
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/18	Payee name Pedro Hernandez Jr.
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Amount (\$) 80.00	Payee address; City; State; Zip Code Suena dr. Austin, TX 78741
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/18	Payee name Jeanette Alvarado
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Amount (\$) 50.00	Payee address; City; State; Zip Code 2515 E. 3rd Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/18	5 Payee name Donateway	
6 Amount (\$) 99.91	7 Payee address; City; State; Zip Code P.O. Box 201367 Austin TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/26/18	Payee name Shell Station	
Amount (\$) 10.15	Payee address; City; State; Zip Code 1211 Montopolis dr. Austin TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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