# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

·		T	Γ
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	Mi	OFFICE USE ONLY
NAME	NICKNAME LAST Almanz	SUFFIX	Date Received
	Almanz	<u></u>	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS		city: STATE: ZIP CODE	OCC RECEIVED AT FEB 6'19 PM3:37
Change of Address		78741	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 770-7896	EXTENSION :	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	MI	Receipt # Amount \$
NAME	NICKNAME LAST	O	Date Processed
	Alman	24	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
TREASURER ADDRESS	4926 E. Ces	ian ChaveZ	Austin, Tx
(Residence or Business)	Bldg. D		78702
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (737) 717-2108	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12/02/2018	THROUGH	Day Year / 31 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
l, √		Distri	coty Council
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

			· · · · · · · · · · · · · · · · · · ·
14 C/OH NAME		11	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS TURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE ADDRESS .	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,992.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL POLITICAL EXPENDITURES		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ( PORTING PERIOD	DAY \$ 0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI AY OF THE REPORTING PERIOD	\$ O. O D
	ALEJANDRO MED otary Public, State o Comm. Expires 09-15 Notary ID 131684	true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct and includes all information from the following true and correct an	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAM	1P/SEALABOVE	· ·	
		by the said Susana Almanza to certify which, witness my hand and seal of office.	, this the
Stabm	<u>L:</u>	Alejandro Medina	Notary
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 F	19 FILERNAME SUSANA Almanza 20 Filer ID (Ethics Con				
		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2992.01	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	v	\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	\$ 13,065,11 \$				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.		\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$1,245.11	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	ions	\$	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			lains how to complete this form. ' on page 1 is marked "Final Report" ••
1	C/OH N	AME Susana Almanza	2 Filer ID (Ethics Commission Filers)
3	SIGNA	the state of the s	<del></del>
	ing a re		penditures in connection with my candidacy. I understand that designater appointment. I also understand that I may not accept any campaign ampaign treasurer appointment on file.  Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeho	lder. ·-
	<b>A</b> .	CAMPAIGN FUNDS	
	Check	conly one:	
		I do not have unexpended contributions or unexpend	led interest or income earned from political contributions.
		may not convert unexpended political contributions personal use. I also understand that I must file an unexpended contributions or unexpended interest or this final report. Further, I understand that I must dis	erest or income earned from political contributions. I understand that I or unexpended interest or income earned on political contributions to annual report of unexpended contributions and that I may not retain income earned on political contributions longer than six years after filing spose of unexpended political contributions and unexpended interest or ce with the requirements of Election Code, § 254.204.
	B.	ASSETS	
	Check	conly one:	
		I do not retain assets purchased with political contrib	utions or interest or other income from political contributions.
		that I may not convert assets purchased with political	ns or interest or other income from political contributions. I understand I contributions or interest or other income from political contributions to of assets purchased with political contributions in accordance with the
			Signature of Candidate
5		EHOLDER plete this section <i>only</i> if you are an officeholder	••
	· 🗀	file. I am also aware that I will be required to file reports	applicable to an officeholder who does not have a campaign treasurer on sof unexpended contributions if, after filing the last required report as an their income from political contributions, or assets purchased with polititical contributions.
		· ·	Signature of Officeholder

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jusana Almanza 5 Full name of contributor out-of-state PAC (ID#: Taynna Sims 12/10/18 6 Contributor address; City; State; Zip Code 2008 E. 9th Austin, 7x78702 4 Date 7 Amount of contribution (\$) \$25.00 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Alberto Mejia 12/10/18 Contributor address; City; State; Zip Code 2218 Palmera Cov Austin TX Date Amount of contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Cliff Kaplan Contributor address; City; State; Zip Code 4805 Richmond Ave. #A 78745 Austin, TX Amount of contribution (\$) 850.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Schmantha Davi's 12/10/18 Contributor address; City; State; Zip Code 3315 Genevicue Dr. Leander, TX 78641 Amount of contribution (\$) \$50.00 Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Susana Almanza 4 Date 7 Amount of contribution (\$) 12/10/18 \$50.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Amanda masino \$100.00 12/10/18 City; State; Zip Code 900 Chicon Austin, 7x 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Josh Blaine Contributor address; City; State; Zip Code 12/10/18 \$27.01 4705 Pewter Lanc Austin, TX 78744 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 12/10/18 \$50,00 1405 Hillmont St. 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 1 Total pages/Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Susana Almanza 4 Date 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 2906 MLK Blud, #2405 Austin, 78702 14/0/18 \$10.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) 12/10/18 \$ 50.00 City; State; Zip Code 6504 SKycrest Dr. Austin, 7×78745-Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 12/10/18 \$50.00 1910 E. 8th Austin, TX 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor \_\_\_ out-of-state PAC (10#:\_\_ Date Amount of contribution (\$) Donna Hoffman 12/10/18 \$25.00 City; State; Zip Code 1500 Gregory St. Austin, Tx 78702 Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 · FILER NAME 3 Filer 10 (Ethics Commission Filers) ousana Almanza 4 Date 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 700 Lavaca Austin 7x 28701 \$ 105.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Colin Clark 12/5/18 Contributor address; City; State; Zip Code 302 W. Johanna Austin, Tx 78704 9350.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Home Maker Full name of contributor Dout-of-state PAC (ID#: Sason Hedlund Contributor address; City; State; Zip Code 2910 Gon Zales Austin, TX 78702 Date Amount of contribution (\$) \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Bill Worsham Contributor address; City; State; Zip Code 1105 Norwalken. Austin 72 78703 \$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 1 Total pages/Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Susana Almanza 5 Full name of contributor out-of-state PAC (ID#: Leigh Lavigne 6 Contributor address; City; State; Zip Code 1514 Richcreek Austin, TX 78757 7 Amount of contribution (\$) 4 Date 12/3/18 \$350.00 8 Principal occupation / Job title (See Instructions) Human Resources Entegns Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_) Mike Lavigne 12/3/18 Contributor address; City; State; Zlp Code 1514 Richcreek Austin, Tx78757 Amount of contribution (\$) \$135.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 12/3/18 \$20.00 5202 Woodmoor Dr. Austin TX 78721 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_ City: State: Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Susana Almanza 4 Date 7 Amount of contribution (\$) \$350.00 12/2 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor \_\_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_\_) Date Amount of contribution (\$) Chris Garagssy Contributor address; City; State; Zip Code 2304 Riverside Form Rd. Austin, Tx78741 \$ 20.00 12/2/18 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Contributor address; City; State; Zip Code \$350.00 12/2/18 | G112 Highlandale Rd. Austin Tx 8731 | | Principal occupation / Job title (See Instructions) | Employer (See Instructions) | | Attorney | Texas Lawyers Insurance Date Full name of contributor Cormen Pulido \$300.00 out-of-state PAC (ID#:\_\_\_\_\_\_) Amount of contribution (\$) 4513 Elwood Rd Austin, Tx 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) GAVA Director

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Susana Almanza 5 Full name of contributor out-of-state PAC (ID#: Juan Carlos Pulido 6 Contributor address; City; State; Zip Code 4513 Elwood fd. Austin Tx 78722 4 Date 7 Amount of contribution (\$) \$300.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor \_ \_ \_ out-of-state PAC (ID#:\_\_\_\_\_ Date Contributor address; City; State; Zip Code 1131 Don Ann Austin TX 78721 Amount of contribution (\$) 12/4/18 \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Video Avinator Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ Contributor address; City; State; Zip Code 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.

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candificeholder/Political Committee

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)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	,
1 Total pages Schedule F1:	<sup>2 FILER NAME</sup> SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/18	5 Payee name Wells Fargo Ban	K	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
14.60			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	_	<del></del> 1	Itside of Texas. Complete Schedule T.
EXPENDITURE	tees		n, TX, officeholder living expense
		Monthly a	Service Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/3/18	Jeff Butler		
Amount (\$)	Payee address; City; State; Zip Code		
350.00	722 Chase Dr. Austin,	TX 784	12
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			tside of Texas. Complete Schedule T.
EXPENDITURE	Graphic Design	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		
12/3/18	Jeff Butler		
Amount (\$)	Payee address; City; State; Zip Code		
350.00	722 Chase Dr. Austin	TX 784	H2
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		[]	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Graphic Design	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			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Severage Expense
Glit/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	· · ·		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)		
12/3/18	5 Payee name Texas Partners				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
1,500	P.O. Box 92811 Austin	, Tx 78	709		
8 PURPOSE OF EXPENDITURE	Consulting Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
Date .	Payee name				
12/3/18	HEB				
Amount (\$)	Payee address; City; State; Zip Code				
38.13	38.13 Z508 E. Rivuside Dr. Austin, Tx 78741				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		<del></del>	state of Texas. Complete Schedule T.		
OF EXPENDITURE	Office Overhead	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Supples  Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/4/18	Gabriel Salazar				
Amount (\$)	Payee address; City; State; Zip Code				
175.10	175.10 P.O. Box 92811 Austin, TX 78709				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Office Overhead	$\overline{}$	utside of Texas. Complete Schedule T. n. TX, afficeholder tiving 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					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cendidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District 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:	2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)		
4 Date   2/5/18	5 Payee name Print Mail P	<b>Γ</b> δ			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
2,647.93	9011 Tuscany Way Aus	tin, TX 7	8754		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense		ntside of Yexas. Complete Schedule T.  TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
12/5/18	Print Mail Pro				
Amount (\$)	) Payee address; City; State; Zip Code				
2,647.93	2,647.93 9011 Tuseany Way Austin Tx, 78754				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense		talde of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/6/18	HEB				
Amount (\$)	Payee address; City; State; Zip Code	_			
31.71	31.71 2508 E-Riverside Dr. Austin, TX 48 78741				
	Category (See Categories listed at the top of this schedule)	Description	*		
PURPOSE OF EXPENDITURE	Office Overhead	=====================================	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
·					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries M  The Instruction Guide explains how to c	ages/Contract Labor  omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
12/6/18	5 Payee name Alonzo's Tacos		
6 Amount (\$)	7 Payee address; City; State; Zip Code		70.
23.00	907 Montopolis Dr. Au	stin, 1x	/8741
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	anida at Tanana Canantata Cabadaia T
PURPOSE OF EXPENDITURE	Food Expense		tside of Texas. Complete Schedule T. I, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit G/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/7/18	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
25.00	Facebook. 60m		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	)	tside of Texas. Complete Schedule T. . TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 12/7/18	Payee name HEB		
Amount (\$)	Payee address; City; State; Zip Code	-	
15.46	2508 E. Riverside Dr.	Austin, TX	78741
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead	l ~~	side of Texas. Complete Schedule T. . TX, officeholder living expense
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			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	-	Salanes/Wages/Contract Labor tins how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMA	NZA	3 Filer ID (Ethics Commission Filers)
4 Date 12/10/18	5 Payee name Kara Rams	ey .	
6 Amount (\$) 77 (e .60	7 Payee address; City; State; 3800 Creek Rd.		TX 78620
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Consulting Expanse	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/10/18	HEB		
Amount (\$)	Payee address; City; State;	Zip Code	
24.92	2508 E. Riverside	Dr. Austin, To	78741
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this  Office Over head	Check if travel or	utside of Texas. Compiete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date (2/10/18	Payee name Facebook	4	
Amount (\$) 50.60	Payee address; City; State; Facebook-Com	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense	, — ·	utside of Texas. Complete Schedule T. n, 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			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment	The instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/18	5 Payee name Little Cesars		
6 Amount (\$)	7 Payee address; City; State; Zip Code	•	
33.50	4410 E. Riverside Dr.	Austin Tx	78741
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Expense		ntside of Texas. Complete Schedule T.  TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/11/18	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
53.15	2508 E. Riverside Dr.	Austin ,	× 78741
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overvead	1 —	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11/18	Facebook		
Amount (\$)	Payee address; City; State; Zip Code	•	
250.00	Facebook, com		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel cu	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin	, TX, officaholder living expense
Complete CANY & Alexand	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundreising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date \2/11/18	5 Payor name Kara Ramsey		
6 Amount (\$)	7 Payee address; City; State; Zip Code	············	
425.00	3800 Creek Rd. Dripping	Springs-1	1x 78620
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		tside of Texas. Complete Schedule T.  TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11/18	Lisa Romero		:
Amount (\$)	Payee address; City; State; Zip Code	_	
120.00	Wickersham Ln. #117	Austin, T	× 78741
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	- 1 t. 20050	<u> </u>	side of Texas. Complete Schedule T.  TX, officeholder living expense
EXPENDITURE	Food Expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11/18	Daniel Llanes		
Amount (\$)	Payes address; City; State; Zip Code	_	
1060-00	4907 Red Bluff Rd. ;	Austin ,T	X 78702
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor		side af Texas. Complete Schedule T.  TX, officeholder tiving expense
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			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salartea W The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)		
4 Date 12/11/18	5 Payee name Pedro Hernande	z Jr.			
6 Amount (\$) 200-60	7 Payee address; City; State; Zip Code 6813 Suena Austin	TX 787	41		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/QI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/12/18	Subway				
Amount (\$)	Payee address; City; State; Zip Code				
25.59	4410 E. Riverside +	fustin ,TX	78741		
PURPOSE OF EXPENDITURE	Food Expense		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/17/18	Time Warner				
Amount (\$)	Payee address; City; State; Zip Code				
126.91	1000 E. 41st Austin,	Tx 7875	51		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Over Vead	Check if Austin,	side of Texas. Complete Schedule T.  TX, officeholder living expense  TO POOLE		
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/18	5 Payee name 2918 Secrette Alicarado		
6 Amount (\$)	Jeanette Alvara 7 Payee address; City; State; Zip Code		
\$ 60.00	2515 E. 3rd Austin, T	x 78702	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		<del></del>	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract Labor	LJ Check If Austi	n, TX, officeholder living expense .
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/29/18	Angela Artigo	<i>م</i> ــــــــــــــــــــــــــــــــــــ	
Amount (\$)	Payee address; City; State; Zip Code	, _	
\$90.00 1809 E. 4th Austin, TX 78702			
	Category (See Categories listed at the top of this schedule)	Description	, , ,
PURPOSE			tside of Texas, Complete Schedule T.
OF EXPENDITURE	Contract Labor	L Check if Austin	, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit G/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/29/18	Larrisa Garza		
Amount (\$)	Payee address; City; State; Zip Code		
\$90.00	1809 E. 4th Austin	,Tx 78	702
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			tside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	Contract Labor		, i.v. omegnorge manik exhause
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel in District Travel Out Of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SUSANA ALMANZA 4 Date 5 Payee name Pedro Hernandez, 8r.
7 Payee address; City; State; Zip Code 6813 Suena Austin, TX 78741 \$90.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Contract Labor **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Jennifer Villejo 4/29/18 City; State; Zip Code Amount (\$) 1109 Vargas Rd. Austin, TX 78741 990.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Contract Labor Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Angela Artiga 11/30/18 City; State; Zip Code Payee address; 1809 E. 4th Austin, TX 28702 \$ 90.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Contract Labor Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/18	5 Payee name Larrisa Gavza		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$90.00	1809 E. 4th Austin,	Tx 78704	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	,	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Contract Labor	Check if Austin, TX, officeholder fiving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11/30/18	Jeanette Alva	avado	
Amount (\$)			
970.00 2515 E. 3rd Austin, TX 78702			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Contract Labor	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	Payee name		
12/1/18	Angela Artiga		
Amount (\$)	Payee address; City; State; Zip Code	_	
\$70.00	1809 E. 4th Austi	1, TX 78702	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Contract Labor	L Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/18	5 Payee name  Pedro Hernandez, Tr.  7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code	7 85-	
9 100.00	6813 Suena Austin,	, [X 'L'874	. ,
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			utside of Texas. Complete Schedule T.
EXPENDITURE	Contract Labor	COBCK II AUSEII	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/28/18	Michael Alba		
Amount (\$)	Payee address; City; State; Zip Code		
490.00	2008 Willow Austin,	LX 78705	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			itside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract labor	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	Payee name		
1/28/18	Christopher Ram	<u>o</u> n	<u>-</u>
Amount (\$)	Payee address; City; State; Zip Code		
\$80.00	9602 Capital Views Dr. 1	Austin, T	'
PURPOSE	Category (See Categories listed at the top of this schedule)	Description  Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract Labor	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
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Su Sana Aly	3 Filer ID (Ethics Commission Filers)	
4 Date 12/7/18	5 Payee name Brandon Percz		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<sup>\$</sup> 30	5503 TeriRd A	-stm, TX 7874 U	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Contract Liabor	LI Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held	
Date	Рауее лате		
12/7/18	Stephen Rodnig	juez	
Amount (\$)	Payee address; City; State; Zip Code		
<sup>4</sup> 80	6924 Ferry Stone Pass Delvalle, TX 78617		
PURPOSE OF EXPENDITURE	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 tiving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12/7/18	aus Pena		
Amount (\$)	Payee address; City; State; Zip Code		
480	SIIO Weidener P	wston, 7x 78745	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	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	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opense

Event Expense Fees Food/Beverage Expense Gitt/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 Oistrict
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Susana Al	manza	3 Filer ID (Ethics Commission Filers)
4 Date 17/18	Jessica Nune		
5 Amount (\$)	7 Payee address; City; State; Zip Code 6924 Ferry Stone		valle TX 78617
B PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Contract Labor  Candidate / Officeholder name	Office sought	Office held
expenditions to benefit O/O/			The second secon
Date 12/7/18	Payee name Chrstine Ren	ndon	
Amount (\$)	Payee address; City; State; Zip Code		
840.00	2008 Huskell Au	sta, Tx	78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/7/18	Corina Sand	hez	
(\$) Amount (\$)	Payee address; City; State; Zip Code	ustoy Tx	(76707
PURPOSE OF EXPENDITURE	Contract Labor		nside of Texas. Complete Schedule T. n, 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 NE	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Contributions/Donations Made By Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Susana Almanza 4 Date 5 Payee name 1406 Vargas Rd Aleston, TX 78741 \$40.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. PHRPOSE Check if Austin, TX, officeholder living expense Contract Labor **EXPENDITURE** Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name Larvisa Garza Payee address; City; State; Zip Code 17/7/18 1809 E. 4th Austin, Tx 78702 575.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Contract Labor **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Angela Artiga 12/7/18 Pavee address: City; State; Zip Code 15.00 1809 E. 4th Austr, Tx 78702 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contract Labor OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (extenses as the first above)

Candidate/Officeholder/Politica Credit Card Payment	•	Wages/Contract Labor Other (enter a category not listed above)
	-	
1 Total pages Schedule F1:	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date / 5 / 19	5 Payee name Wells Fargo	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
14.00		
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	1	Check if Austin, TX, officeholder living expense
EXPENDITURE	Tees	
	1000	Banking Fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
: 11		
1/15/19	Donate Way	
Amount (\$)	Payee address; City; State; Zip Code	
43.96	Donate Way-com	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Fees	Check if Austin, TX, officeholder living expense
EXPENDITURE	lees	Contribution Processing Fees
		Contract of the contract of th
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
12/7/18	Padro Hernand	ez, 5 r.
Amount (\$)	Payee address; City; State; Zip Code	
474.00	6813 Suena Dr.	Austony TX 7874,
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract Cabor	Check if Austin, TX, officeholder living expanse
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	i Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Ones (Grita a catogory not noted above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/18	5 Payee name WiX		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
14.50	Wix-com		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	saids at Tours Complete Cabadyla T
PURPOSE OF EXPENDITURE	Web Hosting	<u>                                   </u>	nside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
1/2/19	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
301.95	Facebook.com		
	Category (See Categories listed at the top of this schedule)	Description	halds of Tarma Domestate Sabadula T
PURPOSE OF	Advertising	<del> </del>	taide of Texas. Complete Schedule T.  TX, officeholder living expense
EXPENDITURE	Expense		
Complete <u>ONLY</u> if direct expenditure to benefit G/OH	Candidate / Officeholder name I	Office sought	Office held
Date 1/4/19	City of Austin		
Amount (\$)	Payee address; City; State; Zip Code	·	
203.39	1800 Lavaca Austin	TX 787	001
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Office Overhead	<del></del>	side of Texas. Complete Schedule T. TX, officeholder living expense
		1	
EXPENDITURE		Utili	ties
	Candidate / Officeholder name	Office sought	office held

### SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I	2 FILERNAME Susana Almanza	3 Filer ID (Ethics Commission Filers		
4 Date 1/17/19	5 Payee name Ballet East			
6 Amount (\$)	7 Payee address; City; State; Zip Code 3111 Flas wood St. Austin TX	78702		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  (b) Description required.)	(See instructions regarding type of information		
Date 1/12/19	Movtopolis Little League,	Inc.		
Amount (\$) 500.00	Payee address; City; State; Zip Code 6800 Villita Avenida Austin, T			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Contribution	Π (See instructions regarding type of information		
Date 1/12/19	Lotus Contemporary Performi	ng Arts		
Amount (\$) 245.11	Payee address; City; State; Zip Code	n, Tx 78702		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable Description required.)  Cantribution	n (See instructions regarding type of information		
Date	Payee name			
Amount (\$)	Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable Description categories.)	(See instructions regarding type of information		