

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

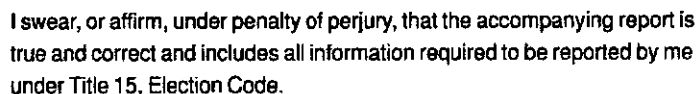
FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">29</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Susana</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Almanza</div>		<b>OFFICE USE ONLY</b>  Date Received   <div style="font-size: 1.2em; transform: rotate(-15deg);">OCC RECEIVED AT FEB 6 '19 PM3:37</div>  Date Hand-delivered or Date Postmarked   Receipt # Amount \$  Date Processed  Date Imaged
	<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6103 Larch Terrace Austin, Tx 78741</div> <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 770-7896</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Librado</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Almanza</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4926 E. Cesar Chavez Austin, Tx Bldg. D 78702</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(737) 717-2108</div>		
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<b>10 PERIOD COVERED</b>	Month Day Year Month Day Year <div style="font-size: 1.2em;">12 / 02 / 2018 THROUGH 1 / 31 / 2019</div>		
<b>11 ELECTION</b>	<div style="display: flex;"> <div style="flex: 1;"> <b>ELECTION DATE</b>            Month Day Year  <div style="font-size: 1.5em; margin-top: 10px;">/ /</div> </div> <div style="flex: 2;"> <b>ELECTION TYPE</b>  <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>		
<b>12 OFFICE</b>	<b>13 OFFICE SOUGHT</b> (if known) <div style="font-size: 1.2em; margin-top: 10px;">Austin City Council District 3</div>		

GO TO PAGE 2

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

## 18 AFFIDAVIT



Susana Almeida

Signature of Candidate or Officeholder

**AFFIX NOTARY STAMP / SEAL ABOVE**

Sworn to and subscribed before me, by the said Susana Almanza, this the 6  
day of February, 2019, to certify which, witness my hand and seal of office.

  
Signature of officer administering

Alejandro Medina  
Printed name of officer administering oath

Notary  
Title of officer administering oath

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

<b>19 FILER NAME</b> <i>Susana Almanza</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2992.01</i>
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	\$ <i>13,065.11</i>
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,245.11</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

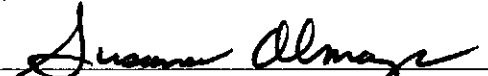
1 C/OH NAME

Susana Almanza

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/1

2 FILER NAME

Susana Almanza

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jayna Sims

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City; State; Zip Code

2008 E. 9th Austin TX 78702

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Alberto Mejia

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

2218 Palmera Cove Austin TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Cliff Kaplan

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

4805 Richmond Ave. #A Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Samantha Davis

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

3315 Genevieve Dr. Leander, TX 78641

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:

2/7

2 FILER NAME

Susana Almanza

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Susan Lippman

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

8901 Chisholm Ln. Austin, TX 78748

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Amanda Masino

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

900 Chicon Austin, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Josh Blaine

Amount of contribution (\$)

\$27.01

Contributor address;

City; State; Zip Code

4705 Pewter Lane Austin, TX 78744

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Lisa Fithian

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

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

The instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

3/1

2 FILER NAME

Susana Almanza

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mark McKim

7 Amount of contribution (\$)

\$10.00

6 Contributor address;

City; State; Zip Code

2906 MLK Blvd, #2405 Austin, TX 78702

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Kandace Vallejo

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

6504 Skycrest Dr. Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Andrea Black

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1910 E. 8th Austin, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/18

Full name of contributor

☐ out-of-state PAC (ID#:

Donna Hoffman

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

1500 Gregory St. Austin, TX 78702

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:

4/7

2 FILER NAME

Susana Almanza

3 Filer ID (Ethics Commission Filers)

4 Date

12/6/18

5 Full name of contributor

Michael Curry

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$105.00

6 Contributor address;

City; State; Zip Code

700 Lavaca Austin, TX 78701  
#1400

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/5/18

Full name of contributor

Colin Clark

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

302 W. Johanna Austin, TX 78704

Principal occupation / Job title (See Instructions)

Home Maker

Employer (See Instructions)

Self

Date

12/4/18

Full name of contributor

Tason Hedlund

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2910 Gonzales Austin, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/4/18

Full name of contributor

Bill Worsham

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1105 Norwalk Ln. Austin, TX 78703

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: <b>57</b>
2 FILER NAME <b>Susana Almanza</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/3/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Leigh Lavigne</b>	7 Amount of contribution (\$) <b>\$350.00</b>
6 Contributor address; City; State; Zip Code <b>1514 Richcreek Austin, Tx 78757</b>		
8 Principal occupation / Job title (See Instructions) <b>Human Resources</b>		9 Employer (See Instructions) <b>Entegris</b>
Date <b>12/3/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mike Lavigne</b>	Amount of contribution (\$) <b>\$135.00</b>
Contributor address; City; State; Zip Code <b>1514 Richcreek Austin, Tx 78757</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/3/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tori Moreland</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>5202 Woodmoor Dr. Austin Tx 78721</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/7

2 FILER NAME

Susana Almanza

3 Filer ID (Ethics Commission Filers)

4 Date

12/2

5 Full name of contributor

☐ out-of-state PAC (ID#:

Joyce Basicano

7 Amount of contribution (\$)

\$350.00

6 Contributor address;

City; State; Zip Code

1907 W. 34th Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12/2/18

Full name of contributor

☐ out-of-state PAC (ID#:

Chris Grassy

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

2304 Riverside Farm Rd. Austin, TX 78741

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/18

Full name of contributor

☐ out-of-state PAC (ID#:

Sett Lowell Hanna

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

6112 Highlandale Rd. Austin, TX 78731

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Texas Lawyers Insurance

Date

12/2/18

Full name of contributor

☐ out-of-state PAC (ID#:

Carmen Pulido

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

4513 Elwood Rd Austin, TX 78722

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

GAVA

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:

7/7

2 FILER NAME

Susana Almanza

3 Filer ID (Ethics Commission Filers)

4 Date

12/2/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Juan Carlos Pulido

7 Amount of contribution (\$)

\$300.00

6 Contributor address;

City; State; Zip Code

4513 Elwood Rd. Austin, TX 78722

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/4/18

Full name of contributor

☐ out-of-state PAC (ID#:

Lilia Rosas

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1131 Don Ann Austin, TX 78721

Principal occupation / Job title (See Instructions)

Video Animator

Employer (See Instructions)

Self Employed

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

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.

# 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.

<b>1</b> Total pages Schedule F1: <div style="text-align: center;">28</div>	<b>2</b> FILER NAME <div style="text-align: center;">SUSANA ALMANZA</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">11/30/18</div>	<b>5</b> Payee name <div style="text-align: center;">Wells Fargo Bank</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">14.00</div>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="text-align: center;">Monthly Service Fee</div>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date <div style="text-align: center;">12/3/18</div>	Payee name <div style="text-align: center;">Jeff Butler</div>	
Amount (\$) <div style="text-align: center;">350.00</div>	Payee address; City; State; Zip Code <div style="text-align: center;">722 Chase Dr. Austin, TX 78412</div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Graphic Design</div>	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 <div style="text-align: center;">12/3/18</div>	Payee name <div style="text-align: center;">Jeff Butler</div>	
Amount (\$) <div style="text-align: center;">350.00</div>	Payee address; City; State; Zip Code <div style="text-align: center;">722 Chase Dr. Austin, TX 78412</div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Graphic Design</div>	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		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: <b>28</b>		2 FILER NAME <b>SUSANA ALMANZA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/3/18</b>		5 Payee name <b>Texas Partners</b>			
6 Amount (\$) <b>1,500</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 92811 Austin, TX 78709</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(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 <b>12/3/18</b>		Payee name <b>HEB</b>			
Amount (\$) <b>38.13</b>		Payee address; City; State; Zip Code <b>2508 E. Riverside Dr. Austin, TX 78741</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Office Overhead 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/4/18</b>		Payee name <b>Gabriel Salazar</b>			
Amount (\$) <b>175.10</b>		Payee address; City; State; Zip Code <b>P.O. Box 92811 Austin, TX 78709</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>		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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: <b>28</b>	2 FILER NAME <b>SUSANA ALMANZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/5/18</b>	5 Payee name <b>Print Mail Pro</b>
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6 Amount (\$) <b>2,647.93</b>	7 Payee address; City; State; Zip Code <b>9011 Tuscan Way Austin, TX 78754</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(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
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Date <b>12/5/18</b>	Payee name <b>Print Mail Pro</b>
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Amount (\$) <b>2,647.93</b>	Payee address; City; State; Zip Code <b>9011 Tuscan Way Austin TX, 78754</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
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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 <b>12/6/18</b>	Payee name <b>HEB</b>
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Amount (\$) <b>31.71</b>	Payee address; City; State; Zip Code <b>2508 E-Riverside Dr. Austin, TX 48 78741</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Overhead</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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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  
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: <b>28</b>		2 FILER NAME <b>SUSANA ALMANZA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/6/18</b>		5 Payee name <b>Alonzo's Tacos</b>			
6 Amount (\$) <b>23.00</b>		7 Payee address; City; State; Zip Code <b>907 Montopolis Dr. Austin, TX 78741</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Food Expense</b>		(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 <b>12/7/18</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>25.00</b>		Payee address; City; State; Zip Code <b>Facebook.com</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/7/18</b>		Payee name <b>HEB</b>			
Amount (\$) <b>15.46</b>		Payee address; City; State; Zip Code <b>2508 E. Riverside Dr. Austin, TX 78741</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>		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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: <b>28</b>		2 FILER NAME <b>SUSANA ALMANZA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/10/18</b>		5 Payee name <b>Kara Ramsey</b>			
6 Amount (\$) <b>776.00</b>		7 Payee address; City; State; Zip Code <b>3800 Creek Rd. Dripping Springs, TX 78620</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(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 <b>12/10/18</b>		Payee name <b>HEB</b>			
Amount (\$) <b>24.92</b>		Payee address; City; State; Zip Code <b>2508 E. Riverside Dr. Austin, TX 78741</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>		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 <b>12/10/18</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>Facebook.com</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising 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	
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  
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.

<b>1</b> Total pages Schedule F1: <div style="text-align: center;">28</div>	<b>2</b> FILER NAME <div style="text-align: center;">SUSANA ALMANZA</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">12/10/18</div>	<b>5</b> Payee name <div style="text-align: center;">Little Cesars</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">33.50</div>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center;">4410 E. Riverside Dr. Austin TX 78741</div>	
<b>8</b>  <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Food Expense</div>	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Date <div style="text-align: center;">12/11/18</div></div> <div style="width: 40%;">Payee name <div style="text-align: center;">HEB</div></div> <div style="width: 40%;">Candidate / Officeholder name <div style="text-align: center;">HEB</div></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Amount (\$) <div style="text-align: center;">53.15</div></div> <div style="width: 40%;">Payee address; City; State; Zip Code <div style="text-align: center;">2508 E. Riverside Dr. Austin, TX 78741</div></div> <div style="width: 40%;">Office sought <div style="text-align: center;">Office sought</div></div> </div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center;">Office Overhead</div>	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div style="width: 40%;">Candidate / Officeholder name <div style="text-align: center;">Office sought</div></div> <div style="width: 40%;">Office held <div style="text-align: center;">Office held</div></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Date <div style="text-align: center;">12/11/18</div></div> <div style="width: 40%;">Payee name <div style="text-align: center;">Facebook</div></div> <div style="width: 40%;">Candidate / Officeholder name <div style="text-align: center;">Facebook</div></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Amount (\$) <div style="text-align: center;">250.00</div></div> <div style="width: 40%;">Payee address; City; State; Zip Code <div style="text-align: center;">Facebook.com</div></div> <div style="width: 40%;">Office sought <div style="text-align: center;">Office sought</div></div> </div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center;">Advertising Expense</div>	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div style="width: 40%;">Candidate / Officeholder name <div style="text-align: center;">Office sought</div></div> <div style="width: 40%;">Office held <div style="text-align: center;">Office held</div></div> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>28</b>		2 FILER NAME <b>SUSANA ALMANZA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/11/18</b>		5 Payee name <b>Kara Ramsey</b>			
6 Amount (\$) <b>425.00</b>		7 Payee address; City; State; Zip Code <b>3800 Creek Rd. Dripping Springs, TX 78620</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(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 <b>12/11/18</b>		Payee name <b>Lisa Romero</b>			
Amount (\$) <b>120.00</b>		Payee address; City; State; Zip Code <b>Wickersham Ln. #117 Austin, TX 78741</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Food 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/11/18</b>		Payee name <b>Daniel Llanes</b>			
Amount (\$) <b>1000.00</b>		Payee address; City; State; Zip Code <b>4907 Red Bluff Rd. Austin, TX 78702</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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	
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: <b>28</b>		2 FILER NAME <b>SUSANA ALMANZA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/11/18</b>		5 Payee name <b>Pedro Hernandez Jr.</b>			
6 Amount (\$) <b>200.00</b>		7 Payee address; City; State; Zip Code <b>6813 Suena Austin, TX 78741</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		(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 <b>12/12/18</b>		Payee name <b>Subway</b>			
Amount (\$) <b>25.59</b>		Payee address; City; State; Zip Code <b>4410 E. Riverside Austin, TX 78741</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Food 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/17/18</b>		Payee name <b>Time Warner</b>			
Amount (\$) <b>126.91</b>		Payee address; City; State; Zip Code <b>1000 E. 41<sup>st</sup> Austin, TX 78751</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Internet &amp; Phone</b>	
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: <b>28</b>	2 FILER NAME <b>SUSANA ALMANZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/29/18</b>	5 Payee name <b>Jeannette Alvarado</b>
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6 Amount (\$) <b>\$60.00</b>	7 Payee address; City; State; Zip Code <b>2515 E. 3rd Austin, TX 78702</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	(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 <b>11/29/18</b>	Payee name <b>Angela Artiga</b>
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Amount (\$) <b>\$90.00</b>	Payee address; City; State; Zip Code <b>1809 E. 4th Austin, TX 78702</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/29/18</b>	Payee name <b>Larrisa Garza</b>
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Amount (\$) <b>\$90.00</b>	Payee address; City; State; Zip Code <b>1809 E. 4th Austin, TX 78702</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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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  
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: <b>28</b>	2 FILER NAME <b>SUSANA ALMANZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/29/18</b>	5 Payee name <b>Pedro Hernandez, Sr.</b>
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6 Amount (\$) <b>\$90.00</b>	7 Payee address; City; State; Zip Code <b>6813 Suena Austin, TX 78741</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	(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 <b>11/29/18</b>	Payee name <b>Jennifer Villejo</b>
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Amount (\$) <b>\$90.00</b>	Payee address; City; State; Zip Code <b>1109 Vargas Rd. Austin, TX 78741</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/30/18</b>	Payee name <b>Angela Artiga</b>
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Amount (\$) <b>\$90.00</b>	Payee address; City; State; Zip Code <b>1809 E. 4th Austin, TX 78702</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
---------------------------------------	---	---

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  
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: <b>28</b>		2 FILER NAME <b>SUSANA ALMANZA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/30/18</b>		5 Payee name <b>Larrisa Garza</b>			
6 Amount (\$) <b>\$90.00</b>		7 Payee address; City; State; Zip Code <b>1809 E. 4th Austin, TX 78704</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		(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 <b>11/30/18</b>		Payee name <b>Jeanette Alvarado</b>			
Amount (\$) <b>\$70.00</b>		Payee address; City; State; Zip Code <b>2515 E. 3rd Austin, TX 78702</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12/1/18</b>		Payee name <b>Angela Artiga</b>			
Amount (\$) <b>\$70.00</b>		Payee address; City; State; Zip Code <b>1809 E. 4th Austin, TX 78702</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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	
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  
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: <b>28</b>	2 FILER NAME <b>SUSANA ALMANZA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/4/18</b>	5 Payee name <b>Pedro Hernandez, Jr.</b>
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6 Amount (\$) <b>\$ 100.00</b>	7 Payee address; City; State; Zip Code <b>6813 Suena Austin, TX 78741</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	(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 <b>11/28/18</b>	Payee name <b>Michael Alba</b>
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Amount (\$) <b>\$90.00</b>	Payee address; City; State; Zip Code <b>2008 Willow Austin, TX 78702</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/28/18</b>	Payee name <b>Christopher Ramon</b>
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Amount (\$) <b>\$80.00</b>	Payee address; City; State; Zip Code <b>9602 Capitol View Dr. Austin, TX 78747</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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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:		2 FILER NAME <i>Su Sana Almanza</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/7/18</i>		5 Payee name <i>Brandon Perez</i>			
6 Amount (\$) <i>\$30</i>		7 Payee address; City; State; Zip Code <i>5503 Teri Rd Austin, TX 78744</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(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 <i>12/7/18</i>		Payee name <i>Stephen Rodriguez</i>			
Amount (\$) <i>\$80</i>		Payee address; City; State; Zip Code <i>6924 Ferry Stone Pass Del Valle, TX 78617</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		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 <i>12/7/18</i>		Payee name <i>Gus Penza</i>			
Amount (\$) <i>\$80</i>		Payee address; City; State; Zip Code <i>5110 Weidemer Austin, TX 78745</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		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  
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:		2 FILER NAME <i>Susana Almanza</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/7/18</i>		5 Payee name <i>Jessica Nunez</i>			
6 Amount (\$) <i>\$40.00</i>		7 Payee address; City; State; Zip Code <i>6924 Ferry Stone Pass Del Valle, TX 78617</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(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 <i>12/7/18</i>		Payee name <i>Christine Rendon</i>			
Amount (\$) <i>\$40.00</i>		Payee address; City; State; Zip Code <i>2008 Huskell Austin, Tx 78702</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		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 <i>12/7/18</i>		Payee name <i>Corina Sanchez</i>			
Amount (\$) <i>\$40.00</i>		Payee address; City; State; Zip Code <i>1503 Willow Austin, Tx 78702</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		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  
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:		2 FILER NAME <u>Susana Almanza</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>12/7/18</u>		5 Payee name <u>Adrian Macias</u>			
6 Amount (\$) <u>\$40.00</u>		7 Payee address; City; State; Zip Code <u>1406 Vargas Rd Austin, TX 78741</u>			
8 <b>PURPOSE OF EXPENDITURE</b>		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>12/7/18</u>		Payee name <u>Larissa Garza</u>			
Amount (\$) <u>\$75.00</u>		Payee address; City; State; Zip Code <u>1809 E. 4th Austin, TX 78702</u>			
<b>PURPOSE OF EXPENDITURE</b>		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>12/7/18</u>		Payee name <u>Angela Antigua</u>			
Amount (\$) <u>\$75.00</u>		Payee address; City; State; Zip Code <u>1809 E. 4th Austin, TX 78702</u>			
<b>PURPOSE OF EXPENDITURE</b>		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 <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  
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: <b>28</b>	2 FILER NAME <b>SUSANA ALMANZA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/15/19</b>	5 Payee name <b>Wells Fargo</b>	
6 Amount (\$) <b>14.00</b>	7 Payee address; City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Banking Fee</b>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>1/15/19</b>	Payee name <b>Donate Way</b>	
Amount (\$) <b>43.96</b>	Payee address; City; State; Zip Code <b>DonateWay.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Contribution Processing Fees</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>12/7/18</b>	Payee name <b>Pedro Hernandez Jr.</b>	
Amount (\$) <b>\$74.00</b>	Payee address; City; State; Zip Code <b>6813 Suenar Dr. Austin TX 78741</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	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: <b>28</b>		2 FILER NAME <b>SUSANA ALMANZA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/19/18</b>		5 Payee name <b>Wix</b>			
6 Amount (\$) <b>14.50</b>		7 Payee address; City; State; Zip Code <b>Wix.com</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Web Hosting</b>		(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 <b>1/2/19</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>301.95</b>		Payee address; City; State; Zip Code <b>Facebook.com</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>1/4/19</b>		Payee name <b>City of Austin</b>			
Amount (\$) <b>203.39</b>		Payee address; City; State; Zip Code <b>1800 Lavaca Austin, TX 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Utilities</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1</b>	<b>2</b> FILER NAME <b>Susana Almanza</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/12/19</b>	<b>5</b> Payee name <b>Ballet East</b>		
<b>6</b> Amount (\$) <b>500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>3111 Earwood St. Austin, TX 78702</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.) <b>Contribution</b>	<b>(b) Description</b> (See instructions regarding type of information required.)	
<b>Date</b> <b>1/12/19</b>	<b>Payee name</b> <b>Montopolis Little League, Inc.</b>		
<b>Amount (\$)</b> <b>500.00</b>	<b>Payee address; City; State; Zip Code</b> <b>6800 Villita Avenida Austin, TX 78741</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.) <b>Contribution</b>	<b>Description</b> (See instructions regarding type of information required.)	
<b>Date</b> <b>1/12/19</b>	<b>Payee name</b> <b>Lotus Contemporary Performing Arts</b>		
<b>Amount (\$)</b> <b>245.11</b>	<b>Payee address; City; State; Zip Code</b> <b>4620 B. E. Cesar Chavez Austin, TX 78702</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.) <b>Contribution</b>	<b>Description</b> (See instructions regarding type of information required.)	
<b>Date</b>	<b>Payee name</b>		
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)	

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