

City Attorney

**Ethics Commission** 

Stefan Wray Susana Almanza

FROM: Jannette Goodall, City Clerk

DATE: August 13, 2014

SUBJECT: Sworn Complaint

The attached sworn complaint was received on August 13, 2014 in the Office of the City Clerk. It was filed by Stefan Wray against Susana Almanza.

Revised: June 25, 2014

Per City Code, Chapter 2-7-41(E), this letter serves as the Office of the City Clerk's acknowledgement that the complaint was received and as notice to all those named above, as required in the code.

Attachment

TO:

#### AUSTIN CITY CLERK

## ETHICS REVIEW COMMISSION RECEIVED

CHAPTER 2-7 CITY CODE 2014 AUG 13 AM 8 21

#### **COMPLAINT**

NAME OF PERSON(S) FILING COMPLAINT: STEFAN WRAY
ADDRESS: 6911 UICCITA AVENIDA, AUSTIN TX 7874/
PHONE NUMBER: 512 - 783 - 5852
[PLEASE FILE A SEPARATE COMPLAINT FOR EACH PERSON COMPLAINED AGAINST]
NAME OF PERSON COMPLAINED AGAINST SUSANA ALMANZA
CITY OFFICE, DEPARTMENT, COMMISSION: CITY COUNCIL CANDIDATE
ADDRESS 6103 LARCH TERRACE AUSTN, TX78741
PHONE NUMBER [IF KNOWN]
[PLEASE LIST EACH VIOLATION SEPARATELY]
I. CHAPTER 2-2 CAMMIGNETIVAL  SECTION OF ETHICS ORDINANCE VIOLATED: \$\frac{1}{2} - 2 - 2 \rightarrow  DATE OF ALLEGED VIOLATION:  SEE ATTA CHAPTER  CAMPATURE FILING INCLUDED  23 CONTRIBUTORS  MORE THAN \$\frac{1}{2} - 2 - 2 \rightarrow  ACTIONS ALLEGED TO BE A VIOLATION:  SEE ATTA CHAPTER INCLUDED  23 CONTRIBUTORS  ADDRESS AREA  ADDRESS
WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED:  COPY OF JULY (5-JO14  CAMPAGN FLANCY FILIST

[IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK PAGE USING THE SAME FORMAT]

ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

COMPLAINANT'S SIGNATURE

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

Stefan Nray

On the 13th day of August, boly, to certify which witness my hand and official seal.

JENNIFER RICHARDSON Notory Public. Stote of Texas My Commission Expires February 17, 2018

Notory Public in and for the State of Texas

Jen Richardson

Typed or Printed Name of Notary

NAME OF PERSON FILING: Stefan Wray

ADDRESS: 6911 Villita Avenida, Austin, TX 78741

PHONE: 512-983-5852

NAME OF PERSON COMPLAINED AGAINST: Susana Almanza

CITY OFFICE, DEPARTMENT, COMMISSION: City Council Candidate

ADDRESS: 6103 Larch Terrace, Austin, TX 78741

PHONE NUMBER: ?

[PLEASE LIST EACH VIOLATION SEPARATELY]

SECTION OF ORDINANCE VIOLATED

CHAPTER 2-2. CAMPAIGN FINANCE

ARTICLE 3. DISCLOSURES AND FILING PROCEDURES FOR CONTRIBUTION AND EXPENDITURE REPORTS.

§ 2-2-21 ADDITIONAL INFORMATION REQUIRED ON ALL CONTRIBUTION AND EXPENDITURE REPORTS FILED WITH THE CITY.

In addition to the information required under the Texas Election Code, contribution and expenditure reports filed with the City by a candidate, office holder, and political committee involved in a City election shall include the following information:

(A) for all individual contributions of \$200 or more in a reporting period, disclosure of the occupation of the contributor and the name of the contributor's employer;

DATE OF ALLEGED VIOLATION: July 15, 2014

**ACTIONS ALLEGED TO BE A VIOLATION** 

A CANDIDATE / OFFICERHOLDER CAMPAIGN FINANCE REPORT filed by Susana Almanza on July 15, 2014, shows 23 individuals who contributed \$200 or more, yet for which there is no disclosure of the individual contributor's occupation and employer.

The individual's name and contribution amounts are:

Brooks, Joella	\$250
Brown, Christopher	\$350
Calderon, Ernesto	\$300
Chung, Melody	\$250
Chung, Vicente	\$250

Delgado Savage, Veronica	\$250
Fiveash, Peggy	\$200
Ginsberg, Michael	\$350
Gonzalez, Edna	\$200
Mendez, Rodolfo	\$300
Michel, Lorri	\$350
Moses, Russell	\$200
Ramirez, Jill	\$350
Rodgers, Brian	\$350
Rodriguez, Alexia	\$250
Rodriguez, Frank	\$250
Romo, Ezekiel	\$350
Sanchez, Jennifer	\$250
Sanchez, Juan	\$250
Santis, Rosa	\$300
Sheppard, Peggy	\$200
Spitz, Robert	\$350
Susan Roth Consulting LLC	\$350

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

		_			
The C/OH Instruction Gu	IDE explains how to complete this for	m. 1 ACCO (Ethics 0007	Commission filers)	2 PAGE# 1 of 26	20
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE	USE ONEY &
OFFICEHOLDER NAME	Ms. Susana  NICKNAME LAST  Almanza		SUFFIX	Date Received	RECE UL 15
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX. APT / SUITE #: 6103 Larch Terrace Austin, TX 78741	CITY;	STATE; ZIP CODE	Date Hand-deliver	H C C C C C C C C C C C C C C C C C C C
Change of Address				Receipt#	Amount
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST Sylvia		MI	Date Processed	
NAME	NICKNAME LAST Herrera		suffix Ph.D.	Date imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 4926 E. Cesar Chavez, Bldg B Austin, TX 78702	APT / SUITE #;	CITY; STATE;	ZIP ÇODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 202-1511	-	EXTENSION		
8 REPORT TYPE		before election	Runoff  Exceeded \$500 limit	appointment (	r campaign treasurer (officeholder only) Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year 03/31/2014	THROUGH	Month Day 06/30/2		
10 ELECTION	· · · · · · · · · · · · · · · · · · ·	LECTION TYPE Primary	Runoff X		Special
11 OFFICE	OFFICE HELD (if any)	12	OFFICE SOUGHT (if known District 3	wn)	
	G	O TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT:**

# FORM C/OH

SUPPORT &	IUIALS		COVER	R SHEET PG Z	
13 C/OH NAME Almai	nza, Susana (Ms.)		14 ACCOUNT # 00078741	(Ethics Commission filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)  This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures make without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures  COMMITTEE NAME  COMMITTEE TYPE  This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures make information only if they receive notice of such expenditures  COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,070.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,170.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00	
	4. TOTAL I	POLITICAL EXPENDITURES	\$	3,789.16	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	7,581.00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00	
17 AFFIDAVIT					
ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
of Tuy, 2		rtify which, witness my hand and seal of office.	, this the _	day	
Olym Mou Signature of officer admi	Mort Flank	Print name of officer administering cath	Notar Title of officer adm	u audistering oath	

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	The Instruction	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/	17 Report: 3/26	
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Allen, Monica (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 1313 Montopolis Dr. Austin, TX 78741		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
<b>—</b>					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 6103 Larch Terrace Austin, TX 78741		\$10.00	[   
		, , , , , , , , , , , , , , , , , , , ,		(If travel outside of	Texas, complete Schedule T)
	Principal occup	aiion / Job title (See Instructions)	Employer (See In	l '	Texas, complete contents 17
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1900 Rinor Hills Ct. Pflugerville, TX 78660		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution
		Brown, Christopher T. (Mr.)		contribution (\$)	description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 5013 Red Bluff Rd Austin, TX 78702		\$350.00	l 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		· · · · · · · · · · · · · · · ·
_	Date	Full name of contributor		Amount of	I la bind contribution
	Date	Bullard, Robert (Mr.)	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 7500 Kirby Drive, Apt 1425 Houston, TX 77030		\$100.00	 
			;	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		

	The Instruction	ON GUIDE explains how to com	nplete this form.		1 PAGE# Schedule: 2/	17 Report: 4/26
2	FILER NAME	Almanza, Susana (Ms.)			3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor Calderon, Ernesto (Mr.)	out-of-state PAC (ID#	<del>‡</del> )	7 Amount of contribution (\$)	8
	05/08/2014	6 Contributor address; 7309 Shadywood Dr. Austin, TX 78745	City; State; Zip Code		\$300.00	 
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instruction	ns)	10 Employer (See In	structions)	. ·
	Date	Full name of contributor Cantu, Christina V. (Ms.)	out-of-state PAC (ID#	<del>‡)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; 103 Branch View Dr. Kyle, TX 78640	City; State; Zip Code		\$80.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	L pation / Job title (See Instruction	ns)	Employer (See In	1 '	rexus, complete ochequie 1)
					<u> </u>	
	Date	Full name of contributor Castillo, Josefina (Ms.)	□ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; 3203 Hollywood Ave. Austin, TX 78722	City; State; Zip Code		\$50.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Castillo, Maria G. (Ms.)	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; PO Box 16010 Austin, TX 78761	City; State; Zip Code		\$25.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Chung, Melody (Ms.)	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; 10108 Spicewood Mesa Austin, TX 78759	City; State; Zip Code		\$250.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	17 Report: 5/26
2	FILER NAME	Almanza, Susana (Ms.)	1	3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID Chung, Vicente (Mr.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 10108 Spicewood Mesa Austin, TX 78759	••••••	\$250.00	! !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor  ut-of-state PAC (ID Cortez, David (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 304 Montopolis Dr., #B Austin, TX 78741		\$25.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete contende 1)
				,	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/31/2014	Contributor address; City; State; Zip Code 11310 Spicewood Blub #2 Austin, TX 78750		\$20.00	[ [
				(15.414	·
	Principal occup	ation / Job title (See Instructions)	Employer (See in	<u> </u>	Texas, complete Schedule T)
				, , , , , , , , , , , , , , , , , , , ,	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1009 E. 16th St #301 Austin, TX 78702		\$75.00	]   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	
_	Date	Full name of contributor	# )	Amount of	In-kind contribution
	00.0	Delgado Savage, Veronica (Ms.)	,	contribution (\$)	description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code 2929 Lagerway Cove Austin, TX 78748		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	l '	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/	17 Report: 6/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (IDDobbs, Andrew (Mr.)	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 2504 Huntwick Dr., #1303 Austin, TX 78741		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/07/2014	Contributor address; City; State; Zip Code 5304 Suburban Dr. Austin, TX 78745		\$50.00	l 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	1
	Date	Full name of contributor  ut-of-state PAC (ID Fidler, Meg (Ms.)	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 315 W. 106th St., Apt 16C New York, NY 10025		\$50.00	 
	<u> </u>			'	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor Fiveash, Peggy E. (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 700 N. 3rd St. Ballinger, TX 76821		\$200.00	 
				<u> </u>	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	Date	Full name of contributor  ut-of-state PAC (ID)  Franklin III, Richard III (Mr.)	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 3906 Sojourner St. Austin, TX 78725		\$25.00	 
	Box of			<u> </u>	Texas, complete Schedule T)
	rincipal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE#			
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT#	17 Report: 7/26 (Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID Garcia, Gustavo (Mr.)	#)	7 Amount of contribution (\$)	8		
	05/08/2014	6 Contributor address; City; State; Zip Code 7401 Ophelia Dr. Austin, TX 78762		\$100.00	 		
	,			(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/27/2014	Contributor address; City; State; Zip Code 917 W. Lynn St. Austin, TX 78703		\$350.00	 		
	•	·	•	(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In				
	Date	Full name of contributor Gonzales, Edna M. (Dr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/09/2014	Contributor address; City; State; Zip Code 201 E. Yellowhammer Ave. McAllen, TX 78504		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	•	Taxaa, sampiata sanadata 17		
	Date	Full name of contributor  ut-of-state PAC (IC Gonzalez, Saul (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Code 305 Chipendale Austin, TX 78745		\$25.00	 		
		7.00.40			l _		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
		silent coo tale (coo meadellans)	Employer (See III	structions)			
	Date	Full name of contributor Unit out-of-state PAC (ID Guzman, Carlos R. (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/28/2014	Contributor address; City; State; Zip Code 9005 Sedgemoor Trail #B Austin, TX 78748		\$30.00	 		
				(If tegual autoids of	Tayno complete Schoolule T\		
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		

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	The Instruction	ON GUIDE explains how to complete this form.	<u> </u>	1 PAGE# Schedule: 6/	17 Report: 8/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  out-of-state PAC (ID# Hendricks, Stephanie (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code San Anselmo, CA 94960		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741		\$10.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 11900 Metric Blvd. J163 Austin, TX 78758		\$100.00	!  - 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code 1808 Kerr Dr. Austin, TX 78704		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723		\$15.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u></u>

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/	17 Report: 9/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  out-of-state PAC (ID# Limon, Maria (Ms.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/08/2014	6 Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723	······································	\$15.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Locke, Jere (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 2302 Westworth Circle Austin, TX 78704		\$100.00	 
	•			(If traval outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	l '	Texas, complete Schedule 1)
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 213 Starbright Dr. Austin, TX 78745		\$5.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2014	Contributor address; City; State; Zip Code 2525 Wilson St. Austin, TX 78704		\$150.00	 
					· _
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	- Timelpar occup	anony soo tide (See institutions)		structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/07/2014	Contributor address; City; State; Zip Code 3111 Garwood St. Austin, TX 78702		\$300.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	17 Report: 10/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Michel, Lorri (Ms.)	<u></u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/27/2014	6 Contributor address; City; State; Zip Code 917 W. Lynn St. Austin, TX 78703		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<i>‡</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 6321 Torres St. Austin, TX 78741		\$25.00	
		, , , , , , , , , , , , , , , , , , , ,			 
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	,	Texas, complete Schedule T)
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 5705 Bolm Rd., Unit A Austin, TX 78721		\$100.00	1 1 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Moses, Russell G (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1401 E. Rundberg Ln.#76 Austin,, TX 78763		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 620 Montopolis Dr. Austin, TX 78741	•	\$10.00	[ [ [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		
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	The Instruction	ON GUIDE explains how to comple	ete this form.		1 PAGE#	
	_				Schedule: 9/	17 Report: 11/26
2	FILER NAME	Almanza, Susana (Ms.)			3 ACCOUNT#	(Ethics Commission filers)
		<u> </u>			00078741	<u></u> .
4	Date	5 Full name of contributor C Orozco, Adrian (Mr.)	out-of-state PAC (ID#	<u>‡</u> )	7 Amount of contribution (\$)	8
(	05/08/2014	6 Contributor address; Cit 5616 Steven Creek Way Austin, TX 78721	ty; State; Zip Code		\$40.00	 
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor	out-of-state PAC (ID#	)	Amount of	In-kind contribution
		Orozco, Sylvia (Ms.)	·	,	contribution (\$)	description (if applicable)
C	)5/08/2014	Contributor address; Cit PO Box 2273 Austin, TX 78766	ty; State; Zip Code		\$100.00	! 
						· _
	Dringing and	which I lab Alda (Can I at a stance)			<u> </u>	Texas, complete Schedule T)
	- micipal occup	ztion / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor  Oyervides, Juan (Mr.)	out-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	05/08/2014	Contributor address; Cit 11601 Oak Trail Austin, TX	ly; State; Zip Code		\$175.00	   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	-
	Date	Full name of contributor	out-of-state PAC (ID#		Amount of	In-kind contribution
		Padillla, Christino (Mr.)			contribution (\$)	description (if applicable)
C	06/28/2014	Contributor address; Cit 2320 Santa Rita St. Austin, TX 78702	y; State; Zip Code		\$50.00	 
					(If travel outside of	Texas, complete Schedule T)
I	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor  Parish, James G. (Mr.)	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
					(*)	
0	5/28/2014	Contributor address; Cit PO Box 13145 Austin, TX 78711	y; State; Zip Code		\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
- 1	Principal occup	ation / Job title (See Instructions)	<del></del>	Employer (See Ins	<u> </u>	Toxas, complete schedule 1)
	·			, , , , , , , , , , , , , , , , , , , ,	- · · · · · · · · · · · · · · ·	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 10	/17 Report: 12/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID)  Parten, Safron S. (Ms.)	<del> </del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/09/2014	6 Contributor address; City; State; Zip Code 5711 FM 1327 Creedmoor, TX 78610		\$50.00	 
		· ·		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 707 Rio Grande Austin, TX 78701		\$100.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete ochedule 1)
				·	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703		\$100.00	 
	Chair air all a sauce	ation ( lab site (O a task site )			Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Ramirez, Jill Christine (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/07/2014	Contributor address; City; / State; Zip Code 5309 Presidio Rd. Austin, TX 78745		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<del></del>
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 1005 Gullett Austin, TX 78702	•••••	\$10.00	[   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	

# **POLITICAL CONTRIBUTIONS**

	OTHER	THAN PLEDGES OR LOAD	49 		
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 11	/17 Report: 13/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Renteria, Corazon (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/29/2014	6 Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741		\$10.00	 
	<u></u>			(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 6007 Eurecka Dr. Austin, TX 78745		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1000 Glen Oak Court Austin, TX 78702		\$20.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/09/2014	Contributor address; City; State; Zip Code 1000 Glen Oak Court Austin, TX 78702		\$20.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
-	Date	Full name of contributor  ut-of-state PAC (ID# Rivera, Pete (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 5405 Prock Ln Austin, TX 78702		\$60.00	 
				(if travel outside of	Texas, complete Schedute T)
-	Principal occup	ation / Job title (See Instructions)	Employer (See In	L	,, <u></u>

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	The instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	/17 Report: 14/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≉ Rivera,, Pete (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/04/2014	6 Contributor address; City; State; Zip Code 5405 Prock Austin, TX 78702	••••••••••	\$25.00	1   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	05/30/2014	Contributor address; City; State; Zip Code 1910 Edgeware Dr. Austin, TX 78704		\$100.00	 
	D.:	Alex Clab (No Co. )			Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Rodgers, Brian (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1112 W. 9th St. Austin, TX 78703		\$350.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Rodriguez, Alexia (Ms.)	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 2405 Rock Terrace Cir. Austin, TX 78704		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code PO Box 1271 Austin, TX 78767		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	/17 Report: 15/26			
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Rodriguez,, Ramona (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
(	06/27/2014	6 Contributor address; City; State; Zip Code 1712 E. Riverside Dr. #24 Austin, TX 78741		\$25.00	] 			
		<u></u>		(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
+	05/08/2014	Contributor address; City; State; Zip Code 7209 Blessing Dr. Austin, TX 78752		\$350.00	 			
				<u></u>	Texas, complete Schedule T)			
	Principal occup	etion / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor  ut-of-state PAC (ID#Rosenberg, Judith (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
(	05/08/2014	Contributor address; City; State; Zip Code 3203 Hollywood Ave. Austin, TX 78722	•••••	\$40.00	!   			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete scriedule 1)			
				structions)				
	Date	Full name of contributor  ut-of-state PAC (ID# Salazar, D.G.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
(	05/08/2014	Contributor address; City; State; Zip Code 8113 Doe Meadow Dr. Austin, TX 78749		\$125.00	 			
		•		(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)				
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
(	05/08/2014	Contributor address; City; State; Zip Code 1612 Melissa Oaks Austin, TX 78744		\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u></u>				

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 14	/17 Report: 16/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sanchez, Jennifer (Ms.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 6105 Highlandale Dr. Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	<u></u>				
	Date	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 6105 Highlandale Dr. Austin, TX 78731		\$250.00	 
				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Santis, Rosa (Ms.)	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 2311 Enfield Rd. Austin, TX 78703-7037		\$300.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Schneider, Robin (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 2609 Sherwood Ln. Austin, TX 78704		\$100.00	I I I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 465 W. 140th St. New York, NY 10031		\$200.00	 
			-	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		

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_	The Instruction	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	5/17 Report: 17/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Sletto, Bjorn	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/12/2014	6 Contributor address; City; State; Zip Code 800 W. 38th, #3305 Austin, TX 78705		\$50.00	 
_				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 3211 E. Cesar Chavez Austin, TX 78702		\$350.00	 
					Texas, complete Schedule T)
_	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 4111 Tablerock Dr. Austin, TX 78731		\$350.00	 
				<u> </u>	Texas, complete Schedule T)
_	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Vale, Katherine (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/14/2014	Contributor address; City; State; Zip Code 2702 Dupoint Cv Austin, TX 78748		\$100.00	 
_	The state of the s				Texas, complete Schedule T)
_	Рплора оссор	pation / Job title (See Instructions)	Employer (See Ins	structions)	
_	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 2653 Barton Hills Dr. Austin, TX 78704		\$40.00   	 
_		<u> </u>		<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	i/17 Report: 18/26		
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Villalobos, Anita B. (Ms.)	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/08/2014	6 Contributor address; City; State; Zip Code 1206 Begonia Terrace Austin, TX 78741		\$100.00	  -  -		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Viliasenor, Bernardino (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Code 5616 Steven Creek Way Austin, TX 78721	• • • • • • • • • • • • • • • • • • • •	\$10.00	1		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Wise, Susan E. (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Code 1604 Bridgeway Austin, TX 78704		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/31/2014	Contributor address; City; State; Zip Code 4811 Caswell Ave Austin, TX 78751		\$100.00	 		
		•		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Code 2663 Barton Hills Dr. Austin, TX 78704		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:				

# **POLITICAL CONTRIBUTIONS**

#### SCHEDIII E A

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/17 Penort: 19/26
	FILER NAME	Almanza, Susana (Ms.)		Schedule: 17/17 Report: 19/26  3 ACCOUNT # (Ethics Commission filers) 00078741
Date 5 Full name of contributor ☐ out-of-state PAC (ID#		#)	7 Amount of   8 In-kind contribution contribution (\$) description (if applicable	
	05/24/2014	6 Contributor address; City; State; Zip Code 2663 Barton Hills Dr. Austin, TX 78704		\$30.00   
				(If travel outside of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	L

Texas Ethics Commis	sion P.O.Box 12070 Au	stin, Texas 78711-2070	(512)463-5800	TDD 1-800-735-2989	
LOANS				SCHEDULE E	
The Instruction Gu	IDE explains how to complete this fo	orm.	1 PAGE# Schedule: 1/1	Report: 20/26	
2 FILER NAME AI	manza, Susana (Ms.)		3 ACCOUNT # (E 00078741	thics Commission filers)	
TOTAL OF UN	ITEMIZED LOANS:	<b>ಎಎಎಎಎ</b>		\$	
5 Date of loan 05/06/2014	7 Name of lender Almanza, Susana (Ms.)	U out-of-state PAC (ID#	)	9 Loan Amount (\$) \$200.00	
6 Is lender a financial Institution?	6103 Larch Terrace	State; Zip Code	• • • •	10 Interest rate	
No	Austin, TX 78741			11 Maturity date	
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instruct	ions)		
14 Description of Colla	teral	15 Check if personal funds	15 Check if personal funds were deposited into political account		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupatio	n	21 Employer	. !	•••	
				-	

P.O.Box 12070

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense Travel Out Of District
Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Almanza, Susana (Ms.) Schedule: 1/5 Report: 21/26 00078741 4 Date 5 Payee name Am Pro Productions 05/30/2014 6 Amount (\$) Payee address City; State; Zip Code 7202 Smokey Hill Rd. \$1,539.32 Austin, TX 78736 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Signs OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/20/2014 Am Pro Productions Amount (\$) Payee address City; State; Zip Code 7202 Smokey Hill Rd. \$147.22 Austin, TX 78736 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Printing Expense Signs OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name 06/30/2014 GoFundMe Amount (\$) Payee address City; State; Zip Code \$141.37 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees On-Line Service Charge **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Harland Clarke Check 06/10/2014 Amount (\$) Payee address City; State; Zip Code \$30.76 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking **Print Checks** EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) Schedule: 2/5 Report: 22/26 00078741 4 Date 5 Payee name 05/30/2014 **HEB** Payee address 6 Amount (\$) City; State; Zip Code \$31.94 Austin, TX (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting with Constituents to discuss campaign OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/05/2014 Home Depot Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$35.96 Austin, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** OTHER - Misc. Supplies Supplies for signs OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Home Depot 06/13/2014 Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$16.28 Austin, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** OTHER - Misc Supplies Supplies for campaign signs **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Home Depot 06/13/2014 Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$25.63 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Misc. Supplies Supplies for campaign signs OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

P.O.Box 12070

#### (512)463-5800 TDD 1-800-735-2989

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) Schedule: 3/5 Report: 23/26 00078741 4 Date 5 Payee name Home Depot 06/17/2014 6 Amount (\$) Payee address City; State; Zip Code 3600 IH 35 \$3.01 Austin, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Misc Supplies Supplies for Signs OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/14/2014 La Voz Newspaper Amount (\$) Payee address City; State; Zip Code PO Box 19457 \$202.00 Austin, TX 78760 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Supplies (Paper, Ink) OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/05/2014 Rocket Banner Amount (\$) Payee address City; State; Zip Code \$64.95 1701 W. Ben White Blvd., Ste 161 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Banner OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Santis, Rosa (Ms.) 06/01/2014 Amount (\$) Payee address City; State; Zip Code 403 Springdale Rd \$500.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense May Rent OF EXPENDITURE

Office held:

Office sought:

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) Schedule: 4/5 Report: 24/26 00078741 4 Date 5 Payee name Santis, Rosa (Ms.) 06/01/2014 6 Amount (\$) Payee address City; State; Zip Code 403 Springdale Rd \$500.00 Austin, TX 78702 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense June Rent OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Smokey Denmark 05/30/2014 Amount (\$) Payee address City; State; Zip Code 3505 E. 5th St. \$82.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting with constituents to discuss campaign OF issues EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 05/12/2014 Yes Printing Amount (\$) Payee address City; State; Zip Code 2600 Longhorn Blvd., Ste. 108 Austin, TX 78758 \$25.98 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Cards OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Yes Printing 05/15/2014 Amount (\$) Payee address City: State: Zip Code 2600 Longhorn Blvd., Ste. 108 \$25.98 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Cards EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

emorial Expense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense
The Instruction Guide explains how to complete this fo

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

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1 PAGE# Schedule: 5/5 Re	eport: 25/26	2 FILER NAME Almanza, Susana (Ms.)	_	3	ACCOUNT # (TEC file 00078741	rs)
4 Date 05/05/2014	5 Payee name Zuefeldt Ent	erprises				
6 Amount (\$) \$64.95	7 Payee addres 1501 W. 5th Austin, TX	St., #105				
8 PURPOSE OF EXPENDITURE	(a) Category (Se Printing Exp	e Categories listed at the top of this schedule) ense	(b) Description Banner	(If travel outside of 1	Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	fficeholder name	Office sou	ught:	Office held:	

**EXPENDITURE CATEGORIES** 

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Event Expense Fees		te/Officeholder/Political Committee iter a category not listed above)
	The INSTRUCTION GUIDE explains how to complete this form.	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re		00078741
4 Date	5 Payee name	
06/21/2014	Piedra, Joseph (Mr.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$351.81	1219 Inks Ave Austin, TX 78702	
Reimbursement from political contributions intended	Austin, 17 (0) 02	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description (If travel outs Printing Expense  T-Shirt Prints,	ide of Texas, complete Schedule T)
OF EXPENDITURE	1-Shift mis,	
EXPENDITURE		
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