

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00078741

2 PAGE #
1 of 26

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Ms. Susana
NICKNAME LAST SUFFIX
Almanza

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2014 OCT 6 PM 4 05

AUSTIN CITY CLERK
RECEIVED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6103 Larch Terrace
Austin, TX 78741

Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Sylvia
NICKNAME LAST SUFFIX
Herrera Ph.D.

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4926 E. Cesar Chavez, Bldg B
Austin, TX 78702

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 202-1511

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
07/01/2014 THROUGH 09/25/2014

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 - 4 - 2014

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

District 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Almanza, Susana (Ms.)

14 ACCOUNT # (Ethics Commission filers)
00078741

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	300.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,995.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,891.06
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CONTRIBUTION BALANCE

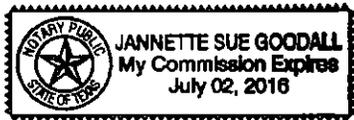
6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,379.40
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OUTSTANDING LOAN TOTALS

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

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



Susana Almanza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susana Almanza, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

Jannette Sue Goodall
Signature of officer administering oath

Jannette Sue Goodall
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/16 Report: 3/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Almanza, Librado (Mr.) 6 Contributor address; City; State; Zip Code 6103 Larch Terrace Austin, TX 78741	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvarez, Raul (Mr.) Contributor address; City; State; Zip Code 2601 Zaragosa St. Austin, TX 78702	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ancira, Cassie (Mr.) Contributor address; City; State; Zip Code 919 Calle Limon Austin, TX 78702	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baccus, Richard (Mr.) Contributor address; City; State; Zip Code 11504 Oakwood Dr. Austin, TX 78753	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bass, Sue Anne (Ms.) Contributor address; City; State; Zip Code 505 South Park Dr. Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/16 Report: 4/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, DeLea (Ms.) 6 Contributor address; City; State; Zip Code 1109-A Shady Lane Austin, TX 78721	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Commercial Broker		10 Employer (See Instructions) Beck-Reit Commercial Real Estate	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, Russ (Mr.) 6 Contributor address; City; State; Zip Code 1109-A Shady Lane Austin, TX 78721	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Beck-Reit and Sons	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernstein, Oliver (Mr.) 6 Contributor address; City; State; Zip Code 1205 Upland Dr. Austin, TX 78741	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown-Valdez, Ronaldo (Mr.) 6 Contributor address; City; State; Zip Code 3003 W. Slaughter Ln Unit B Austin, TX 78748	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner/Stylist		10 Employer (See Instructions) Salon Vela	
4 Date 09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown-Valdez, Simon (Mr.) 6 Contributor address; City; State; Zip Code 3003 W. Slaughter Ln Unit B Austin, TX 78748	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/16 Report: 5/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bunch, William (Mr.) 6 Contributor address; City; State; Zip Code 1307 Oxford Austin, TX 78704	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calderon, Ruby (Ms.) Contributor address; City; State; Zip Code 7309 Shadywood Dr. Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carl, Carlton (Mr.) Contributor address; City; State; Zip Code PO Box 444 Martindale, TX 78655	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carl, Carlton (Mr.) Contributor address; City; State; Zip Code PO Box 444 Martindale, TX 78655	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christiansen, Alexander (Mr.) Contributor address; City; State; Zip Code 4801 S. Congress Ave. Unit A1 Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/16 Report: 6/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clinton, Ryan (Mr.) 6 Contributor address; City; State; Zip Code 8409 Adirondack Cove Austin, TX 78759	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cullather, Katie (Ms.) Contributor address; City; State; Zip Code 2316 Willow St. Austin, TX 78702	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Noelle (Ms.) Contributor address; City; State; Zip Code 1602 Faro Dr. #303 Austin, TX 78741	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donnelly, Laura (Ms.) Contributor address; City; State; Zip Code 2012 Tillotson Ave Austin, TX 78702	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James (Mr.) Contributor address; City; State; Zip Code 360 Nueces St Suite 2701 Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Duncan Associates		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Duncan Associates		Employer (See Instructions) City Planner	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/16 Report: 7/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 08/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Katy (Ms.) 6 Contributor address; City; State; Zip Code 360 Nueces St Suite 2701 Austin, TX 78701	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Housewife		10 Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellison, Rosetta (Ms.) Contributor address; City; State; Zip Code 2201 Montopolis Austin, TX 78741	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Encinas, Bianca (Ms.) Contributor address; City; State; Zip Code 1229 11th St SW Albuquerque, NM 87104	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eubanks, Tim (Mr.) Contributor address; City; State; Zip Code 4416 Lareina Austin, TX	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fields, Leslie (Ms.) Contributor address; City; State; Zip Code 1366 E Street NE Washington, DC 20002	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Sierra Club	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/16 Report: 8/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fithian, Lisa (Ms.) 6 Contributor address; City; State; Zip Code 1405 Hillmont St. Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fiveash, Peggy E. (Ms.) Contributor address; City; State; Zip Code 700 N. 3rd St. Ballinger, TX 76821	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, David (Mr.) Contributor address; City; State; Zip Code 1902 Forestglade Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gamez, Charisma (Ms.) Contributor address; City; State; Zip Code 934 Springdale Austin, TX 78702	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Pedro R. (Mr.) Contributor address; City; State; Zip Code 8624 Young Lane Austin, TX 78737	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/16 Report: 9/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 08/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza-Hernandez, Robert (Ms.) 6 Contributor address; City; State; Zip Code 122 Riviera San Marcos, TX 78766	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Joe (Dr.) Contributor address; City; State; Zip Code 201 E. Yellowhammer Ave. McAllen, TX 78504	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez II, Saul (Mr.) Contributor address; City; State; Zip Code 305 Chipendale Austin, TX 78745	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez II, Saul II (Mr.) Contributor address; City; State; Zip Code 305 Chipendale Austin, TX 78745	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grigassy, Chris (Mr.) Contributor address; City; State; Zip Code 2304 Riverside Farms Rd Austin, TX 78741	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/16 Report: 10/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 08/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoffman, Donna (Ms.) 6 Contributor address; City; State; Zip Code 1500 Gregory St. Austin, TX 78702	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jesurun, ChristinaG. (Ms.) Contributor address; City; State; Zip Code 1321 Dripping Springs, TX 78620	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kellough, Annie E. (Ms.) Contributor address; City; State; Zip Code 5124 E. 25th Place Tulsa, OK 74114	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Anne (Ms.) Contributor address; City; State; Zip Code 403 Post Rd. Austin, TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Johnny (Mr.) Contributor address; City; State; Zip Code 908 Calle Limon Austin, TX 78702	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/16 Report: 11/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 08/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Maria (Ms.) 6 Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723	7 Amount of contribution (\$) \$15.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Maria (Ms.) Contributor address; City; State; Zip Code 1402 Cloverleaf Austin, TX 78723	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Delia (Ms.) Contributor address; City; State; Zip Code 3318 N. 19th McAllen, TX 78501	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Curriculum Contractor		Employer (See Instructions) East Austin College Prep	
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Chavel (Mr.) Contributor address; City; State; Zip Code TX	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Israel (Mr.) Contributor address; City; State; Zip Code 6800 Villita Ave Austin, TX 78741	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/16 Report: 12/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 07/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry (Mr.) 6 Contributor address; City; State; Zip Code 1311-A East 6th St. Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Sheridan (Ms.) Contributor address; City; State; Zip Code 1311-A East 6th St. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Foundation and Non-Profit Advisor		Employer (See Instructions) Self	
Date 07/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manchaca, Orelia (Ms.) Contributor address; City; State; Zip Code 7005 Twisted Oaks Dr. Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Che (Mr.) Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCreary, Lou (Mr.) Contributor address; City; State; Zip Code 901 MoPac Expway Ste 300 Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 11/16 Report: 13/26	
2 FILER NAME Almanza, Susana (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00078741		
4 Date 09/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meade, Nikelle (Ms.)		7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 111 Congress Ave Suite 1400 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, Jennifer (Ms.)		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6105 Highlandale Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noyola, Marcos (Mr.)		Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 620 Montopolis Dr. Austin, TX 78741		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 07/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parish, James G. (Mr.)		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code PO Box 13145 Austin, TX 78711		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 07/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perales, Marisa (Ms.)		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2104 Willow St. Austin, TX 78702		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/16 Report: 14/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pozos, Isaac (Mr.) 6 Contributor address; City; State; Zip Code 9220 Ipswich Bay Dr. Austin, TX 78747	7 Amount of contribution (\$) \$15.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rangel, Max (Mr.) 6 Contributor address; City; State; Zip Code 1005 Gullett Austin, TX 78702	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renteria, Lucy (Ms.) 6 Contributor address; City; State; Zip Code 1503 Willow #B Austin, TX 78702	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renteria, Tom (Mr.) 6 Contributor address; City; State; Zip Code 919 Calle Limon Austin, TX 78702	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivera, Jane (Ms.) 6 Contributor address; City; State; Zip Code 1000 Glen Oaks Court Austin, TX 78702	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/16 Report: 15/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, D. Lauren (Ms.) 6 Contributor address; City; State; Zip Code 1405 Hillmont St. Austin, TX 78704	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Environmental Engineer		10 Employer (See Instructions) Glenmoore Engineers	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rothe, Gail (Ms.) Contributor address; City; State; Zip Code 1705 Margaret St Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Juan (Mr.) Contributor address; City; State; Zip Code 6105 Highlandale Dr. Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary (Ms.) Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Robin (Ms.) Contributor address; City; State; Zip Code 2609 Sherwood Ln. Austin, TX 78704	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Texas Campaign for the Environment		Employer (See Instructions) Director	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/16 Report: 16/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 07/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spring, Stephen (Mr.) 6 Contributor address; City; State; Zip Code 2404 Braxton Cove Austin, TX 78741	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summers, Hillary (Ms.) Contributor address; City; State; Zip Code 2401 Woodmont Ave. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pilates Instructor		Employer (See Instructions) Self	
Date 09/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summers, Robert (Mr.) Contributor address; City; State; Zip Code 2401 Woodmont Ave. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hohman, Taube and Summers, LLP	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tollett, Jason Blake (Mr.) Contributor address; City; State; Zip Code 3701 Bonnie Rd. Austin, TX 78703	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 07/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevino, Modesta (Ms.) Contributor address; City; State; Zip Code PO Box 927 Kyle, TX 78640	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/16 Report: 17/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Uhlman, Kristine (Ms.) 6 Contributor address; City; State; Zip Code PO Box 200743 Austin, TX 78720	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Raul (Mr.) Contributor address; City; State; Zip Code 1808 Cedar Ridge Dr. Austin, TX 78745	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vasquez, Celina (Ms.) Contributor address; City; State; Zip Code 5020 Fall River Dr. Fort Worth, TX 76103	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Villareal, Melissa (Ms.) Contributor address; City; State; Zip Code 6205 Camation Austin, TX 78741	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Art/Community Coordinator		Employer (See Instructions) Southwest Key	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walsh, Elizabeth (Ms.) Contributor address; City; State; Zip Code 2215 Willow St. Austin, TX 78702	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/16 Report: 16/26	
2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00078741	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Doug (Mr.) 6 Contributor address; City; State; Zip Code 2904 Kassarine Pass Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zamarripa, Hermelinda (Ms.) Contributor address; City; State; Zip Code 4811 Caswell Ave. Austin, TX 78751	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zamora, Emilio (Mr.) Contributor address; City; State; Zip Code 2663 Barton Hills Dr. Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/7 Report: 19/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 07/24/2014		5 Payee name ACE Mart Restaurant			
6 Amount (\$) \$15.13		7 Payee address City; State; Zip Code Austin, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/30/2014		Payee name Alonzo's Tacos			
Amount (\$) \$90.00		Payee address City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/07/2014		Payee name City of Austin			
Amount (\$) \$36.66		Payee address City; State; Zip Code Austin, TX			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/31/2014		Payee name City of Austin			
Amount (\$) \$44.39		Payee address City; State; Zip Code Austin, TX			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/7 Report: 20/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 09/01/2014	5 Payee name City of Austin				
6 Amount (\$) \$45.74	7 Payee address City; State; Zip Code Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/05/2014	Payee name Corner Store				
Amount (\$) \$10.80	Payee address City; State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Misc.	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/05/2014	Payee name Dollar Tree Stores, Inc				
Amount (\$) \$40.72	Payee address City; State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Misc.	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/19/2014	Payee name Facebook Gifts				
Amount (\$) \$6.99	Payee address City; State; Zip Code TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Announcements on Facebook	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/7 Report: 21/26	2 FILER NAME Almanza, Susana (Ms.)	3 ACCOUNT # (TEC filers) 00078741
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4 Date 09/25/2014	5 Payee name GoFundMe	
6 Amount (\$) \$290.90	7 Payee address City; State; Zip Code	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line Donation Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/12/2014	Payee name HEB	
Amount (\$) \$59.94	Payee address City; State; Zip Code Austin, TX	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/31/2014	Payee name HEB	
Amount (\$) \$9.80	Payee address City; State; Zip Code Austin, TX	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Mailings <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/05/2014	Payee name HEB	
Amount (\$) \$88.61	Payee address City; State; Zip Code Austin, TX	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/7 Report: 22/26	2 FILER NAME Almanza, Susana (Ms.)	3 ACCOUNT # (TEC filers) 00078741
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4 Date 09/18/2014	5 Payee name HEB
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6 Amount (\$) \$35.40	7 Payee address City; State; Zip Code Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/14/2014	Payee name Herrera, Christino (Mr.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/15/2014	Payee name Limas-Brown, Hugo Nakas (Mr.)
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Amount (\$) \$15.65	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paint <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/11/2014	Payee name Office Depot
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Amount (\$) \$318.22	Payee address City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Equipment	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Printer <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/7 Report: 23/26	2 FILER NAME Almanza, Susana (Ms.)	3 ACCOUNT # (TEC filers) 00078741
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4 Date 08/25/2014	5 Payee name Office Max	
6 Amount (\$) \$66.90	7 Payee address City; State; Zip Code 907 West Austin, TX	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/08/2014	Payee name Online Detail and Images	
Amount (\$) \$3.00	Payee address City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Logo
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/13/2014	Payee name Oriental Trading Co	
Amount (\$) \$90.99	Payee address City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pencils
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/27/2014	Payee name Oriental Trading Co	
Amount (\$) \$125.99	Payee address City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pencils
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/7 Report: 24/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 09/01/2014		5 Payee name Perez, Micaela (Ms.)			
6 Amount (\$) \$451.01		7 Payee address City; State; Zip Code Austin, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> T-shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/07/2014		Payee name Santis, Rosa (Ms.)			
Amount (\$) \$500.00		Payee address City; State; Zip Code 403 Springdale Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Headquarters <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/02/2014		Payee name Santis, Rosa			
Amount (\$) \$500.00		Payee address City; State; Zip Code 403 Springdale Rd Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Headquarters <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/25/2014		Payee name Smokey Denmark			
Amount (\$) \$82.00		Payee address City; State; Zip Code 3505 E. 5th St. Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/7 Report: 25/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 09/09/2014		5 Payee name USPS			
6 Amount (\$) \$39.20		7 Payee address City; State; Zip Code Austin, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Postage		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Thank You Cards, Supporters <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/13/2014		Payee name Wells Fargo			
Amount (\$) \$21.24		Payee address City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Office Supplies		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/07/2014		Payee name Yes Printing			
Amount (\$) \$129.90		Payee address City; State; Zip Code 2600 Longhorn Blvd., Ste. 108 Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Brochures <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/21/2014		Payee name Yes Printing			
Amount (\$) \$32.48		Payee address City; State; Zip Code 2600 Longhorn Blvd., Ste. 108 Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Brochures <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 26/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 09/16/2014		5 Payee name Almanza, Susana (Ms.)			
6 Amount (\$) \$539.40 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 6100 Larch Austin, TX 78741			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> YES Printing		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				