### FORM COR-C/OH

# CORRECTION/AMENDMENT AFFIDAVIT

FOR CANDIDATE/OFFICEHOLDER						
1 ACCOUNT#		2 Total pages filed:		OFFICE	E USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR S	FIRST USana LAST Manza	MI SUFFIX	Date Received	IN DEC 9	REC
4 ORIGINAL REPO TYPE	July 15	Runoff Oth  Exceeded \$500 limit —	er (specify)	Date Hand-delivered (	<u> </u>	GIVED
	30th day before election 8th day before election	15th day after treasurer appointment (officeholder only) Final report		Receipt #	Amount	
5 ORIGINAL PERIO COVERED	D Month Day  10 / 26 / 2	Year Month  12/	Day Year -	Date Imaged	•	17.00
1). Address Correction for Contract Labor 2) Title of Contractor 3) Typo on 2 Expenses  I swear, or affirm, under penalty of perjury, that this corrected						
7 AFFIDAVIT report is true and correct.  Check ONLY if applicable:  Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.						
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  ANN FRANKLIN Notory Public, State of Iexas My Commission Expires October 17, 2018  Signature of Candidate or Officeholder  Sworn to and subscribed before me, by the said  Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not I am filing the						
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						
Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections						

# CANDIDATE / OFFICEHOLDER

# FORM C/OH

CAWPAIGN F	INANCE REPORT	•	COVER SHEET PG I
The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00078741	2 PAGE# 1 of 26
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Ms. Susana  NICKNAME LAST Almanza	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 6103 Larch Terrace Austin, TX 78741	CITY: STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address			Receipt # Amount
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed
TREASURER NAME	Sylvia		Date Imaged
	NICKNAME LAST Herrera	suffix Ph.D.	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 4926 E. Cesar Chavez, Bldg B Austin, TX 78702	SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 202-1511	EXTENSION	
8 REPORT TYPE	January 15 30th day before el	lection X Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THF	Month Day	Year
	10/26/2014	12/06/20	)14
10 ELECTION	ELECTION DATE ELECTION  Month Day Year Print  12/16/2014		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Austin City Council	
	GO TO	D PAGE 2	

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS** COVER SHEET PG 2 13 C/OH NAME Almanza, Susana (Ms.) 14 ACCOUNT # (Ethics Commission filers) 00078741 .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may 15 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this **FROM** information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS. **16 CONTRIBUTION** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 60.00 \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 34,015.58 **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 3. TOTALS 0.00 **TOTAL POLITICAL EXPENDITURES** 15,313.60 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE \$ BALANCE 21,063.89 LAST DAY OF THE REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$ LAST DAY OF THE REPORTING PERIOD 0.00 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. ANN FRANKLIN Notary Public, State of Texas Signature of Candidate or Officeholder My Commission Expires October 17, 2018

to certify which, witness my hand and seal of office.

Sworn to and subscribed before me, by the said \_\_\_\_

Signature of officer administering oath

this the

# **POLITICAL CONTRIBUTIONS**

Texas Ethics Commission

OTHER THAN PLEDGES OR LOANS				
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/6	6 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# Aleshire, Bill (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/08/2014	6 Contributor address; City; State; Zip Code 3605 Shady Valley Dr. Austin, TX 78739		\$350.00	
			•	Texas, complete Schedule T)
9 Principal occi Attorney	upation / Job title (See Instructions)	10 Employer (See In Riggs, Aleshire,		-
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/12/2014	Contributor address; City; State; Zip Code 1907 W. 34th Austin, TX 78703	-	\$50.00	! 
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See Iп	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Calderon, Ernesto (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/10/2014	Contributor address; City; State; Zip Code 7309 Shadywood Dr. Austin, TX 78745		\$150.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date .	Full name of contributor	<u></u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/10/2014	Contributor address; City; State; Zip Code 7309 Shadywood Dr. Austin, TX 78745		\$150.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/30/2014	Contributor address; City; State; Zip Code 4404 E. Ottorf Apt. 12102B		\$20.00	 
	Austin, TX 78741		(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	<u> </u>	Tonas, complete conedule 1/
	- Control of the cont		/	

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

_					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6	5 Report: 4/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID City of Austin-Fair Campaign Fund	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/18/2014	6 Contributor address; City; State; Zip Code 201 W. Cesar Chavez Austin, TX		\$27,988.58	 
		•		(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)
	10/27/2014	Contributor address; City; State; Zip Code 5008 Eilers Austin, TX 78751		, \$25.00	 
				(if travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete ochedule 17
		,	, , ,	,	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/11/2014	Contributor address; City; State; Zip Code 5008 Eilers Austin, TX 78751		\$25.00	 
			•		· 
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u></u>	Texas, complete Schedule T)
	Principal occup		Linbioyer (Gee in	sudcuona)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/25/2014	Contributor address; City; State; Zip Code 507 Chihuahua Trail Austin, TX 78745		\$50.00	<b>!</b> 
				(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)
	10/30/2014	Contributor address; City; State; Zip Code 458 38th St. Oakland, CA 94609	•••••	\$250.00	1   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Director	ation / Job title (See Instructions)	Employer (See In People Organiz (PODER)	structions) ed to Defend Env	ironmental Rights

# **POLITICAL CONTRIBUTIONS**

<u> </u>	OTHER THAN PLEDGES OR LOANS				
	The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 3/6	6 Report: 5/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Dobbs, Andrew (Mr.)	<u>;                                    </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/04/2014	6 Contributor address; City; State; Zip Code 2504 Huntwick Dr., #1303 Austin, TX 78741		\$50.00	_
					Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Eubanks, Tim (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/18/2014	Contributor address; City; State; Zip Code		\$100.00	 
		Austin, TX 78745			
				,	Texas, complete Schedule T)
	Principal occup	ation / Job title (Şee Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Godoy, Lourdes (Ms.)	(*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/25/2014	Contributor address; City; State; Zip Code 2901 E. 5th St. Austin, TX 78702		\$100.00	
				·	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)
	11/08/2014	Contributor address; City; State; Zip Code 2304 Riverside Farms Rd Austin, TX 78741		\$22.00	
				(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)
	10/26/2014	Contributor address; City; State; Zip Code 1313 Newning Austin, TX 78704		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	1 '	10x20, complete ochedule 1)
		,,	E> (4444 III)	,	

# **POLITICAL CONTRIBUTIONS** OTHER THAN DI EDGES OR LOAMS

OTHER THAN PLEDGES OR LOANS				
The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 4/6 Report: 6/26			
2 FILER NAME Almanza, Susana (Ms.)	3 ACCOUNT # (Ethics Commission filers) 00078741			
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID# Kennedy, Paloma (Ms.)	7 Amount of   8 In-kind contribution contribution (\$)   description (if applicable)			
10/31/2014 6 Contributor address; City; State; Zip Code 2308 Riverside Farms Rd Austin, TX 78741	\$50.00   			
	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)			
Date Full name of contributor ☐ out-of-state PAC (ID# Kennedy, Paloma (Ms.)	Amount of In-kind contribution contribution (\$) description (if applicable)			
12/04/2014 Contributor address; City; State; Zip Code 2308 Riverside Farms Rd Austin, TX 78741	\$50.00			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor □ out-of-state PAC (ID# King, David (Mr.)	Amount of In-kind contribution contribution (\$) description (if applicable)			
11/14/2014 Contributor address; City; State; Zip Code 1808 Kerr Dr. Austin, TX 78704	\$100.00   			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor ☐ out-of-state PAC (ID# La Voz	contribution (\$) description (if applicable) Advertising Newspaper			
12/01/2014 Contributor address; City; State; Zip Code PO Box 19457 Austin, TX 78760	\$3,000.00   Ad			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor ☐ out-of-state PAC (ID#	) Amount of In-kind contribution			
Leib, Richard (Mr.)	contribution (\$) description (if applicable)			
10/30/2014 Contributor address; City; State; Zip Code 455 Barbara Ave. Solana Beach, CA 92075	\$250.00   			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self			

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	
_					Report: 7/26
2	FILER NAME	Almanza, Susana (Ms.)		3 ACCOUNT# 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Loya, Maria (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/04/2014	6 Contributor address; City; State; Zip Code 464 Lucas Ave, Ste 202 Los Angeles, CA 90017		\$350.00	 
				<u> </u>	Texas, complete Schedule T)
9	Principal occup Director	ation / Job title (See Instructions)	10 Employer (See in LAANE (Los An		a New Economy)
	Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/21/2014	Contributor address; City; State; Zip Code 2104 Willow St.		\$150.00	 
		Austin, TX 78702	•		`
_				•	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)
	11/10/2014	Contributor address; City; State; Zip Code 1000 Glen Oaks Court Austin, TX 78702		\$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)
	11/10/2014	Contributor address; City; State; Zip Code 1500 Glen Oaks Court Austin, TX 78702		\$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	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/21/2014	Contributor address; City; State; Zip Code 1000 Glen Oaks Court Austin, TX 78702		\$25.00	 
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	·	. ,

# **POLITICAL CONTRIBUTIONS**

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	on Guide explains how to con	nplete this form.		1 PAGE# Schedule: 6/6	Report: 8/26
2	FILER NAME	Almanza, Susana (Ms.)	-		3 ACCOUNT # 00078741	(Ethics Commission filers)
4	Date	5 Full name of contributor Rodgers, Brian (Mr.)	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/10/2014	6 Contributor address; 1112 W. 9th St. Austin, TX 78703	City, State, Zip Code	-	\$350.00	 
						Texas, complete Schedule T)
9	Principal occup Real Estate I	ation / Job title (See Instruction)	ns)	10 Employer (See In Self	structions)	
	Date	Full name of contributor Salazar, Dionisio (Mr.)	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/21/2014	Contributor address; 8113 Doe Meadow Dr. Austin, TX 78749	City; State; Zip Code		\$100.00	
		Austin, 17 70145				
	Principal occur	pation / Job title (See Instruction	ne)	Employer (See In		Texas, complete Schedule T)
	r molpai occup	anorry 300 tille (See Ilisudolio	115)	Employer (See III	and choris)	
			•			
				-		
	•					
	-					

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

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

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

Loan Repayment/Reimbursement

Travel Out Of District 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.) 00078741 Schedule: 1/18 Report: 9/26 4 Date 5 Payee name Alonso's Tacos 12/06/2014 6 Amount (\$) Payee address City; State; Zip Code \$21.33 Austin, TX (b) Description (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Food Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: 9 Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 11/19/2014 AT&T Mobility Amount (\$) Payee address City: State: Zip Code \$191.30 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Cell OTHER - Phone OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Briones, Patricia (Ms.) 11/05/2014 Amount (\$) Pavee address City; State; Zip Code 5001 Lott Ave \$110.00 Austin, TX 78721 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE · Contract Labor Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Cicis Pizza 11/03/2014 Payee address Amount (\$) City: State: Zip Code \$25.46 TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Meeting Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

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

Event Expense Fees	Polling Expense Travel Out Of I Printing Expense Office Overhea	District Candidate/Officeholder/Political Committee ad/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains h	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/18 F	A1	00078741
4 Date	5 Payee name	
11/06/2014	City of Austin	
6 Amount (\$)	7 Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$49.49		•
*	Austin, TX	
	<u>.</u>	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Utilities
OF	Office Overhead/Rental Expense	- Cumiles
EXPENDITURE		Day 1/4 No. TV 185-18-18-18-18-18-18-18-18-18-18-18-18-18-
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Garialdate / Gillocholder Hartie	Onice cought.
to benefit C/OH		
Date	Payee name	
12/04/2014	City of Austin	
Amount (\$)	Payee address City; State; Zip Code	
\$32.88	Austin. TX	
	Ausin, 1A	
		Description (Manager of Towns and the Orbedde T)
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Utilities
OF ·	Office Overhead/Nertial Expense	
EXPENDITURE	,	Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
	D	
Date	Payee name Corner Store	
12/01/2014 Amount (\$)		
• ,	Payee address City; State; Zip Code	
\$21.16	Austin, TX	
-	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Travel In District	Gas
EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/04/2014	Dan's Hamburgers	İ
Amount (\$)	Payee address City; State; Zip Code	
\$19.02		
÷ . • . • •	Austin, TX 78702	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Food/Beverage Expense	Meeting
EXPENDITURE		n
Complete CNI V *	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Cincendider Hattle	Office sought. Office field.
to benefit C/OH		

8

Amount (\$)

**PURPOSE** 

OF **EXPENDITURE** 

Complete ONLY if

direct expenditure to benefit C/OH

\$8,10

Payee address

Austin, TX

Food/Beverage Expense

Candidate / Officeholder name

City; State; Zip Code

Description

Office sought:

Meeting

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

#### (512)463-5800 TDD 1-800-735-2989 P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Food/Beverage Expense Travel In District Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense Event Expense OTHER (enter a category not listed above) Fees The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Almanza, Susana (Ms.) 00078741 Schedule: 3/18 Report: 11/26 5 Payee name 4 Date **Dollar General** 12/02/2014 Payee address City; State; Zip Code 6 Amount (\$) \$31.39 TX (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office OTHER - Supplies **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/06/2014 **Dollar General** Amount (\$) Payee address City; State; Zip Code \$51.96 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule 7) **PURPOSE** Misc. OTHER - Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/06/2014 Dollar General Amount (\$) Payee address City; State; Zip Code \$17.57 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE ' Office OTHER - Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/04/2014 El Milagro

(If travel outside of Texas, complete Schedule T)

Office held:

Check if Austin, TX, officeholder living expense

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Expe Event Expense Fees	nse Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of Printing Expense Office Overhe	District Candidate/Officeholder/Political Committee ead/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)
Schedule: 4/18 F	Report: 12/26 Almanza, Susana (Ms.)	00078741
4 Date	5 Payee name	
11/04/2014	Gabriel, Kassandra (Ms.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$80.00	310 Carriage Way	·
	Kyle, TX 78640	•
_		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	
EXPENDITURE		□ -, ,,,, ,, -,, ,, ,, ,, ,, ,, ,, ,, ,,
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
9 Complete ONLY if direct expenditure	Calididate / Officeriolder flame	Office sought. Office field.
to benefit C/OH	,	
Date	Payee name	
11/04/2014	Gabriel, Kassandra (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$65.00	310 Carriage Way	
*	Kyle, TX 78640	
BUBBOOK	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor
EXPENDITURE		
0 1 0 0 0 1 0 1	On a Polante / Official action with a second	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/05/2014	Gabriel, Kassandra (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$140.00	310 Carriage Way	
<b>\$110.00</b>	Kyle, TX 78640	
2112222	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor
EXPENDITURE		
	70 111 105 111	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
12/05/2014	Gas/Carwash #628	
Amount (\$)	Payee address City; State; Zip Code	
\$19.92		
ŢZ	Austin, TX	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Travel In District	Gas
EXPENDITURE		<u> _</u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Cifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense

**EXPENDITURE CATEGORIES** 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/ The Instruction Guide explains how	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 5/18 F	[ AL	00078741
4 Date	5 Payee name	33313111
12/06/2014	GoFundMe	
6 Amount (\$)	7 Payee address City, State; Zip Code	
\$111.30		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	OTHER - Online Donations	766
EXPENDITURE		Charle if Austin TV efficientiation average
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		
to benefit C/OH		
Date	Payee name	
11/06/2014 Amount (\$)	Guajardo, Martín (Mr.)  Payee address City; State; Zip Code	
` '	l	
\$110.00	Austin, TX 78741	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/31/2014	HEB	
Amount (\$)	Payee address City; State; Zip Code	
\$25.46	Austin, TX	
	Austrii, 17	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Travel In District	Gas
OF EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/03/2014	HEB	
Amount (\$)	Payee address City; State; Zip Code	
\$67.32	A.JAi- TV	
	Austin, TX	
	Catagony (See Catagories listed at the top of this selection)	Description (if traval outside of Toyon appealate School 1- T)
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (if travel outside of Texas, complete Schedule T) Food and Supplies
OF EVBENDITURE	ETOTIC EXPONDO	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Camplete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

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

Event Expense	Polling Expense Travel Out Of District	
Fees .	Printing Expense Office Overhead/Rei The Instruction Guide explains how t	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 6/18 F	Alexand Curana (MAn.)	00078741
4 Date	5 Payee name	
11/29/2014	Herrera, Chavelo (Mr.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$40.00	1406 Vargas   Austin, TX 78741	
	7,03011, 17,70141	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Рауее пате	
10/30/2014	Herrera, Christino (Mr.)	
Amount (\$)	Payee address City; State; Zip Code	
\$125.00	1406 Vargas	
	Austin, TX 78741	
		Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
OF EXPENDITURE	Galaries/ Wages/Odshiradi Eabor	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/28/2014	Herrera, Christino (Mr.)	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	1406 Vargas	·
·	Austin, TX 78741	
		Description (If a law of Town associate Colombia To D
PURPOSE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
OF EXPENDITURE	Colland Tragger Contract Educati	
EXPENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
12/01/2014	Herrera, Sylvia Ph.D. (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$1,000.00	934 Springdale	
Ţ :,000.00	Austin, TX 78702	'
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Contract Labor
OF	Salaries/Wages/Contract Labor	COMINGE LABOR
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		<u></u>
to benefit C/OH		

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

EXPENDITURE CATEGORIES

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)

1	The Instruction Guide explains ho	w to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 7/18 F	Report: 15/26 Almanza, Susana (Ms.)	00078741
4 Date	5 Payee name	
12/04/2014	Hobby Lobby	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$20.50	Austin, TX	
	Austin, 17	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Supplies
OF EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Рауее пате	
10/30/2014	KTXZ	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00	2211 S. IH 35,	- /
	Austin, TX 78741	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Radio Ad
OF EXPENDITURE	i i i i i i i i i i i i i i i i i i i	
EXI ENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/28/2014	KTXZ	
Amount (\$)	Payee address City; State; Zip Code	·
\$250.00	2211 S. IH 35,	
	Austin, TX 78741	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Radio Ad
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held;
to benefit C/OH		
Date	Payee name	
12/03/2014	La Voz	
Amount (\$)	Payee address City; State; Zip Code	
\$1,650.00	PO Box 19457	
	Austin, TX 78760	j
	Catagory (Spe Colongian listed at the Law of this call of the	Description (literary) outputs of Tours associate Sales to T
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Newspaper Ad
OF EXPENDITURE	, laterdoing Expense	' '
EAFERDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

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

Event Expense Fees	Polling Expense Travel Out Of Di Printing Expense Office Overhead	strict Candidate/Officeholder/Political Committee /Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 8/18 F		00078741
4 Date .	5 Payee name	
11/26/2014	Little Cesars	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$13.96	TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Meeting
EXPENDITURE		
0.0 1.000	Condidate / Officeholder cons	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
12/01/2014	Little Cesars	
Amount (\$)	Payee address City; State; Zip Code	
\$13.96	TX	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Food
OF EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/25/2014	Lianes, Daniel (Mr.)	
Amount (\$)	Payee address City; State; Zip Code	
\$120.00	4907 Red Bluff Rd. Austin, TX 78702	
	Austin, TX 70702	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor
OF EXPENDITURE		<u>_</u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/25/2014	Llanes, Daniel (Mr.)	·
Amount (\$)	Payee address City; State; Zip Code	
\$1,500.00	4907 Red Bluff Rd. Austin, TX 78702	
	AdSill, 1X 10102	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor
OF EXPENDITURE		1
ZALENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Event Expense Fees		Expense Expense	Travel Out Of	District ad/Rental Exper	nse			holder/Political C tegory not listed :	
1 000	Timing		N GUIDE explains h				ici a cai	legery net iistee i	<i>30010</i> ,
1 PAGE#		2 FILER NAME					3	ACCOUNT #	(TEC filers)
Schedule: 9/18 F	Report: 17/26	Almanza, Susana	a (Ms.)					00078741	
4 Date	5 Payee name								
11/05/2014	Marcelino's	Pan y Vida							
6 Amount (\$)	7 Payee addres	s City; Sta	te; Zip Code						
\$116.64	Austin TV	79700							
	Austin, TX	10/02							
	(a) Cotogony (Co	e Categories listed at the to	a af this saleadula)	I/N Do	scription	(If trough outsi	do of To	exas, complete S	ah adula T)
8 PURPOSE	Event Exper	•	op or this schedule)		od	(ii daver outsi	ue or re	exas, complete o	criedule 1)
OF EXPENDITURE	Evoll Expol								
CAPENDITORE				∏ che	eck if Austi	n, TX, officeho	lder livi	ing expense	
9 Complete ONLY if	Candidate / O	fficeholder name		•	Office so			Office held:	
direct expenditure to benefit C/OH									
Date	Payee name								
11/21/2014	Marcelino's	Pan y Vida							
Amount (\$)	Payee addres	s City; Sta	te; Zip Code						•
\$15.23	•	,							
<b>V.U.</b>	Austin, TX 7	78702							
		<del> </del>							
PURPOSE		e Categories listed at the to	op of this schedule)		scription ecting	(If travel outsi	de of Te	exas, complete S	chedule T)
OF	Food/Bevera	age Expense		-	searing				
EXPENDITURE					ank if funti	n, TX, officeho	laka e lisa		
Complete ONLY if	Candidate / O	fficeholder name			Office so		IGET HA	Office held:	
direct expenditure to benefit C/OH	,					Ü			
								<del></del>	
Date	Payee name Mi Madres F	Postourant							
11/10/2014 Amount (\$)			te; Zip Code						
` '	Payee addres	s City, Sta	ie, zip code						
\$41.02	Austin, TX								
		e Categories listed at the to	op of this schedule)	De	scription	(If travel outsi	de of Te	exas, complete S	chedule T)
PURPOSE OF	Food/Bevera	age Expense		Me	eeting				
EXPENDITURE									
Complete ONLY if	Candidate ( O	fficeholder name		∐ Che	eck if Austi Office so	n, TX, officeho	lder livi	ing expense Office held:	
Complete ONLY if direct expenditure	Garididate / O	mostividet Hairie			Office SUI	agrit.		Onice neig.	
to benefit C/OH									
Date '	Payee name								
11/24/2014	Murphy/Wali								
Amount (\$)	Payee addres	s City; Stat	te; Zip Code						
\$22.77	TX								
	· · ·								
	Category (See	e Categories listed at the to	op of this schedule)	De	scription	(if travel outsi	de of Te	exas, complete S	chedule T)
PURPOSE	Travel In Dis	•	•	Ga				. ,	,
OF EXPENDITURE									
				Che		n, TX, officeho	lder liv		
Complete ONLY if direct expenditure	Candidate / O	fficeholder name			Office so	ught:		Office held:	
to benefit C/OH									

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

**EXPENDITURE CATEGORIES** 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

Fees OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# 3 ACCOUNT # (TEC filers) Almanza, Susana (Ms.) 00078741 Schedule: 10/18 Report: 18/26 4 Date 5 Payee name Office Depot 11/12/2014 Payee address City; State; Zip Code 6 Amount (\$) \$102.81 Austin, TX (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Supplies: OTHER - Office EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/12/2014 Office Depot Payee address City; State; Zip Code Amount (\$) \$69.27 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Supplies OTHER - Office OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Depot 11/14/2014 Amount (\$) Payee address City; State; Zip Code \$14.06 Austin, TX Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Supplies OTHER - Office OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Depot 12/01/2014 Amount (\$) Payee address City; State; Zip Code \$89.98 Austin, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Supplies OTHER - Office OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Printing Expense	Travel In District Travel Out Of District Office Overhead/Rental Expense E explains how to complete th	Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
4 BACE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
1 PAGE# Schedule: 11/18	_ Al.,	)	00078741
4 Date	5 Payee name	•	
11/10/2014	Office Max		
6 Amount (\$)	7 Payee address City; State; Z	p Code	
\$66.52	907 West Austin, TX		
8 PURPOSE	(a) Category (See Categories listed at the top of thi OTHER - Office Supplies	s schedule) (b) Descripti Supplie:	
OF EXPENDITURE		_	
		Check if /	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offic	e sought: Office held:
Date	Payee name		
11/20/2014	Office Max		
Amount (\$)	l ' ' ' '	p Code	•
\$15.47	907 West Austin, TX		
	7,000, 17		
	Category (See Categories listed at the top of thi	s schedule) Descripti	on (if travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Print	(ii tiavei satside si rexas, complete calledate 1)
OF EXPENDITURE			
EXI ENDITORE		Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offic	e sought: Office held:
Date	Payee name		
12/05/2014	Office Max		
Amount (\$)	Payee address City; State; Zi	p Code	
\$91.77	907 West Austin, TX		
	Category (See Categories listed at the top of this	s schedule) Descripti	On (If travel outside of Texas, complete Schedule T)
PURPOSE	OTHER - Supplies	Office	,
OF EXPENDITURE			
	!	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	e sought: Office held:
Date	Payee name	<del></del>	
11/10/2014	Online Detail and Images		
Amount (\$)	Payee address City; State; Zi	p Code	
\$3.00			
•			
PURPOSE	Category (See Categories listed at the top of the	s schedule) Descripti Design	on (If travel outside of Texas, complete Schedule T)
OF	Category (See Categories listed at the top of the Printing Expense	s schedule) Descripti Design	on (If travel outside of Texas, complete Schedule T)
		Design	, , , , , , , , , , , , , , , , , , ,
OF		Design	on (If travel outside of Texas, complete Schedule T)  Austin, TX, officeholder living expense e sought: Office held:

**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 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	Polling Expense Travel Out Of Dis Printing Expense Office Overhead	Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains hor	w to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 12/18	Report: 20/26 Almanza, Susana (Ms.)	00078741
4 Date	5 Payee name	
11/17/2014	Opinion Analysts	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$135.31	906 Rio Grande Austin, TX 78701	ı
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	OTHER - Electoral Info	Data
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
Date	Payee name	
11/25/2014	Opinion Analysts	
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
	906 Rio Grande	
\$146.14	Austin, TX 78701	
	radam, Try, 1818 V	
	Colombia (Con Cotton and Sixted at the Arm of this and adult)	Description (Manual and its of Towns and Internal Type
PURPOSE	Category (See Categories listed at the top of this schedule) OTHER - Electoral Info	Description (If travel outside of Texas, complete Schedule T)  Data
OF	OTHER - Electoral IIIIo	
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Candidate / Onlogitoidet name	Onice sought.
to benefit C/OH		
Date	Payee name	
11/24/2014	Quick Print-Shoal	
Amount (\$)	Payee address City; State; Zip Code	
\$2,600.47	8311 Shoal Creek	
<b>4</b> _, <b>3 3 3 3 3 3 3 3 3 3</b>	Austin, TX	
•		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Mail Out Ad —
EXPENDITURE		<u> _</u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
11/28/2014	Payee name Quick Print-Shoal	
Amount (\$)	Payee address City; State; Zip Code	
` '		
\$3,600.00	8311 Shoal Creek   Austin, TX	
	ridonii, 17	
	Cotomonic	Described of the second
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Mail Out Ad
OF	Printing Expense	man out no
EXPENDITURE		
	0 114 1075 1 1)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office saught: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Event Expense	Polling Expense Travel Out Of D	
Fees .	The Instruction Guide explains he	· · · · · · · · · · · · · · · · · · ·
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 13/18	Report: 21/26 Almanza, Susana (Ms.)	00078741
4 Date	5 Payee name	
11/04/2014	Radio Fiesta 97.1	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$270.00	7901 Cameron Rd	
	Austin, TX 78754	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE	Advertising. Expense	Radio Ad
OF EXPENDITURE	, in the state of	<b> </b>
EXPERDITORE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
12/06/2014	Renteria, Corazon (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$220.00	1406 Vargas	
4220100	Austin, TX 78741	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Contract Labor
OF	Salaries/Wages/Contract Labor	Gontract Eabor
EXPENDITURE		Chash if Austin TV afficeholdes living events
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/13/2014	Renteria, Lucy (Ms.)  Payee address City; State; Zip Code	
Amount (\$)	l	·
\$30.00	Austin, TX 78702	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure	Garlanda / Ginderrolder Harrie	Omoc role.
to benefit C/OH		
Date	Payee name	
11/12/2014	Santis, Rosa	
Amount (\$)	Payee address City; State; Zip Code	:
\$500.00	403 Springdale Rd 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	Campaign Headquarters
OF EXPENDITURE	<u>'</u>	<u> </u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Fees	nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead: The Instruction Guide explains ho	(Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 14/18	Almana Comana (Bita)	00078741
4 Date	5 Payee name	
12/01/2014	Shell	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$27.33		
<b>\$2</b> 1100	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 .	Travel In District	Gas
OF		
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
	Pouro pomo	
Date 10/27/2014	Payee name Shultz, Erin (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	<del></del>
\$40.00	2504 Huntwick #160	
φ40.00	Austin, TX	
	•	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor
OF EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
	Payee name Sonic Drive In	
Date 11/05/2014 Amount (\$)		
11/05/2014 Amount (\$)	Sonic Drive In	
11/05/2014	Sonic Drive In	
11/05/2014 Amount (\$)	Sonic Drive In  Payee address City; State; Zip Code	
11/05/2014 Amount (\$) \$12.97	Sonic Drive In  Payee address City; State; Zip Code  Austin, TX 78702  Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
11/05/2014 Amount (\$)	Sonic Drive In  Payee address City; State; Zip Code  Austin, TX 78702	Description (If travel outside of Texas, complete Schedule T)
11/05/2014 Amount (\$) \$12.97	Sonic Drive In  Payee address City; State; Zip Code  Austin, TX 78702  Category (See Categories listed at the top of this schedule)	Meeting
11/05/2014 Amount (\$) \$12.97  PURPOSE OF EXPENDITURE	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Meeting  Check if Austin, TX, officeholder living expense
11/05/2014 Amount (\$) \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Sonic Drive In  Payee address City; State; Zip Code  Austin, TX 78702  Category (See Categories listed at the top of this schedule)	Meeting
11/05/2014 Amount (\$) \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Meeting  Check if Austin, TX, officeholder living expense
11/05/2014 Amount (\$) \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Sonic Drive In  Payee address City; State; Zip Code  Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name	Meeting  Check if Austin, TX, officeholder living expense
11/05/2014  Amount (\$)  \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Sonic Drive In  Payee address City; State; Zip Code  Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name	Meeting  Check if Austin, TX, officeholder living expense
11/05/2014  Amount (\$)  \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Sonic Drive In  Payee address City; State; Zip Code  Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name	Meeting  Check if Austin, TX, officeholder living expense
11/05/2014  Amount (\$)  \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina Payee address City; State; Zip Code	Meeting  Check if Austin, TX, officeholder living expense
11/05/2014  Amount (\$)  \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014  Amount (\$)	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina	Meeting  Check if Austin, TX, officeholder living expense
11/05/2014  Amount (\$)  \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014  Amount (\$)	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina Payee address City; State; Zip Code  TX	Meeting  Check if Austin, TX, officeholder living expense Office sought: Office held:
11/05/2014  Amount (\$) \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014  Amount (\$) \$20.17	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina Payee address City; State; Zip Code TX  Category (See Categories listed at the top of this schedule)	Meeting  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule 7)
11/05/2014  Amount (\$)  \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014  Amount (\$)	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina Payee address City; State; Zip Code  TX	Meeting  Check if Austin, TX, officeholder living expense Office sought: Office held:
11/05/2014  Amount (\$) \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014  Amount (\$) \$20.17	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina Payee address City; State; Zip Code TX  Category (See Categories listed at the top of this schedule)	Meeting  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule T) Meeting
11/05/2014  Amount (\$) \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014  Amount (\$) \$20.17  PURPOSE OF EXPENDITURE	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina Payee address City; State; Zip Code  TX  Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Meeting  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule T) Meeting  Check if Austin, TX, officeholder living expense
11/05/2014  Amount (\$) \$12.97  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/26/2014  Amount (\$) \$20.17	Sonic Drive In Payee address City; State; Zip Code Austin, TX 78702  Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate / Officeholder name  Payee name Taqueria Arandina Payee address City; State; Zip Code TX  Category (See Categories listed at the top of this schedule)	Meeting  Check if Austin, TX, officeholder living expense Office sought: Office held:  Description (If travel outside of Texas, complete Schedule T) Meeting

SCHEDULE F

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fur- ise Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	District Candidate/Officeholder/Political Committee od/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 15/18	Report: 23/26 Almanza, Susana (Ms.)	00078741
4 Date	5 Payee name	****
10/31/2014	Taqueria Chapala	i
6 Amount (\$)	7 Payee address City, State, Zip Code	
\$18.41	Austin, TX 78702	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Meeting
EXPENDITURE		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	Payee name	
11/07/2014	Taqueria Chapala	
Amount (\$)	Payee address City; State; Zip Code	
\$18.41	Austin, TX 78702	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Meeting
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/12/2014	Taqueria Chapala	
Amount (\$)	Payee address City; State; Zip Code	· · ·
\$37.47	Austin, TX 78702	·
PURPOSE OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/14/2014	Taqueria Chapala	
Amount (\$)	Payee address City; State; Zip Code	
\$30.65	Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

**EXPENDITURE CATEGORIES** 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/ The INSTRUCTION GUIDE explains how	· · · · · · · · · · · · · · · · · · ·
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 16/18	- Al O (84- )	00078741
4 Date	5 Payee name	
11/24/2014	Taqueria Chapala	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$34.14		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Meeting
EXPENDITURE		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	Payee name	
12/05/2014	Taqueria Chapala	<u></u>
Amount (\$)	Payee address City; State; Zip Code	
\$28.28	Austin, TX 78702	-
PURPOSE OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting
EXPENDITURE		<u> </u>
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure to benefit C/OH	Calibrate / Onicenoider name	Office sought.
Date	Payee name	
12/06/2014	Threadgills	
Amount (\$)	Payee address City; State; Zip Code	
\$21.88	Austin, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/QH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/06/2014	USPS	
Amount (\$)	Payee address City; State; Zip Code	
\$39.20	Austin, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Expense	Description (If travel outside of Texas, complete Schedule T) Postage
EXI ENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

**EXPENDITURE CATEGORIES** 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 Travel Out Of Office Overhea  The INSTRUCTION GUIDE explains h	ad/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 17/18	Almongo Sugano (Ma.)	00078741
4 Date	5 Payee name	
10/27/2014	Vargas, Laura (Ms.)	•
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$120.00		
•	(A) Cotogoga (Gas Cotogoga listed at the land of this selection)	(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) (1) Contract Labor
OF	Salaries/Wages/Contract Labor	
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
11/04/2014	Vargas, Laura (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$50.00	4700 Riverside Dr.	
•	1424B	
	Austin, TX 78741	
01100005	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor
EXPENDITURE	*	lп <sup>(</sup>
	Condidate / Official alder name	Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		<u> </u>
Date	Payee name	****
11/04/2014	Vega, Mathew (Mr.)	
Amount (\$)	Payee address City; State; Zip Code	
\$110.00	1010 Valdez	
	Austin, TX 78741	
		<del></del>
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Contract Labor
OF	Salaries/Wages/Contract Labor	30331 2320.
EXPENDITURE		Check if Austin TV officeholder living eveness
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		
to benefit C/OH		
Date	Payee name	
11/12/2014	Villalobos, Anita (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$100.00	1206 Begonia Terrace	
	Austin, TX 78741	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Contract Labor
OF .	Salaries/Wages/Contract Labor	50111001 20001
EXPENDITURE		
Complete Obs V if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Canadate / Oncerous name	Onice sought. Onice held.

SCHEDULE F

	EXPENDITURE CATEGO	RIES	
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wages/Coning Legal Services Solicitation/Fundraisi	tract Labor Loan Reing Expense Transpo Contribut Cand tall Expense OTHER	epayment/Reimbursement ntation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee (enter a category not listed above)
1 PAGE#	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (TEC filers)
Schedule: 18/18	Report: 26/26 Almanza, Susana (Ms.)		00078741
4 Date	5 Payee name		
11/26/2014	Walgreens		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$18.06	тх		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel of	outside of Texas, complete Schedule T)
PURPOSE OF	OTHER - Supplies	Food	
EXPENDITURE			
· · · · · · · · · · · · · · · · · · ·		Check if Austin, TX, offic	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
11/03/2014	Walmart		
Amount (\$)	Payee address City; State; Zip Code		
\$54.09	тх		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel of Supplies	outside of Texas, complete Schedule T)
		Check if Austin, TX, offic	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
•			