

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Susana</i>	MI	Date Received	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2014 DEC 9 AM 11:10 </div>		
	NICKNAME	LAST <i>Almanza</i>	SUFFIX	Date Hand-delivered or Postmarked			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Receipt #	Amount		
				Date Processed			
				Date Imaged			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	<i>10</i>	<i>26</i>	<i>2014</i>	THROUGH	<i>12</i>	<i>6</i>	<i>2014</i>

AUSTIN CITY CLERK

6 EXPLANATION OF CORRECTION

- 1) Address Correction for Contract Labor
- 2) Title of Contributor
- 3) Typo on 2 Expenses

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Susana Almanza
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Susana Almanza* this the *9th* day of *December*.

20*14*, to certify which, witness my hand and seal of office.

Ann Franklin
Signature of officer administering oath

Ann Franklin
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**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

\$ 60.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 34,015.58

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

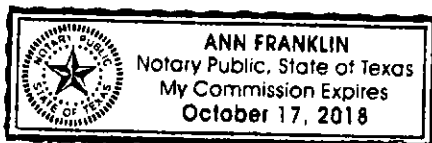
\$ 15,313.60

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 21,063.89

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 AFFIDAVITI 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.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Susana Almanza, this the 9th day
of December, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ann Franklin
Print name of officer administering oath

Notary Public
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: 1/6 Report: 3/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

11/08/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Aleshire, Bill (Mr.)

6 Contributor address; City; State; Zip Code
3605 Shady Valley Dr.
Austin, TX 78739

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Riggs, Aleshire, & Ray PC

Date

11/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Basciano, Joyce (Ms.)

Contributor address; City; State; Zip Code
1907 W. 34th
Austin, TX 78703

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Calderon, Ernesto (Ms.)

Contributor address; City; State; Zip Code
7309 Shadywood Dr.
Austin, TX 78745

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Calderon, Ruby (Ms.)

Contributor address; City; State; Zip Code
7309 Shadywood Dr.
Austin, TX 78745

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Chauvin, Andrew (Mr.)

Contributor address; City; State; Zip Code
4404 E. Oltorf
Apt. 12102B
Austin, TX 78741

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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: 2/6 Report: 4/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

11/18/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

City of Austin-Fair Campaign Fund

6 Contributor address; City; State; Zip Code

201 W. Cesar Chavez
Austin, TX

7 Amount of
contribution (\$)

\$27,988.58

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/27/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Cooper, Lanetta (Ms.)

Contributor address; City; State; Zip Code

5008 Eilers
Austin, TX 78751

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Cooper, Lanetta (Ms.)

Contributor address; City; State; Zip Code

5008 Eilers
Austin, TX 78751

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

De Leon, Jesse (Mr.)

Contributor address; City; State; Zip Code

507 Chihuahua Trail
Austin, TX 78745

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Diaz, Antonio (Mr.)

Contributor address; City; State; Zip Code

158 38th St.
Oakland, CA 94609

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

People Organized to Defend Environmental Rights
(PODER)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/6 Report: 5/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

11/04/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dobbs, Andrew (Mr.)

6 Contributor address; City; State; Zip Code
2504 Huntwick Dr., #1303
Austin, TX 78741

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/18/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eubanks, Tim (Mr.)

Contributor address; City; State; Zip Code
4416 Lareina
Austin, TX 78745

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Godoy, Lourdes (Ms.)

Contributor address; City; State; Zip Code
2901 E. 5th St.
Austin, TX 78702

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/08/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grigassy, Chris (Mr.)

Contributor address; City; State; Zip Code
2304 Riverside Farms Rd
Austin, TX 78741

Amount of
contribution (\$)

\$22.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Henry, Joe (Mr.)

Contributor address; City; State; Zip Code
1313 Newning
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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: 4/6 Report: 6/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

10/31/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kennedy, Paloma (Ms.)

6 Contributor address; City; State; Zip Code
2308 Riverside Farms Rd
Austin, TX 78741

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/04/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kennedy, Paloma (Ms.)

Contributor address; City; State; Zip Code
2308 Riverside Farms Rd
Austin, TX 78741

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
King, David (Mr.)

Contributor address; City; State; Zip Code
1808 Kerr Dr.
Austin, TX 78704

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
La Voz

Contributor address; City; State; Zip Code
PO Box 19457
Austin, TX 78760

Amount of
contribution (\$)

\$3,000.00

In-kind contribution
description (if applicable)
Advertising Newspaper
Ad

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leib, Richard (Mr.)

Contributor address; City; State; Zip Code
455 Barbara Ave.
Solana Beach, CA 92075

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/6 Report: 7/26

2 FILER NAME Almanza, Susana (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00078741

4 Date

12/04/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Loya, Maria (Ms.)

6 Contributor address; City; State; Zip Code
464 Lucas Ave, Ste 202
Los Angeles, CA 90017

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Director

10 Employer (See Instructions)
LAANE (Los Angeles Alliance for a New Economy)

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Perales, Marisa (Ms.)

Contributor address; City; State; Zip Code
2104 Willow St.
Austin, TX 78702

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rivera, Gilbert (Ms.)

Contributor address; City; State; Zip Code
1000 Glen Oaks Court
Austin, TX 78702

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rivera, Jane (Ms.)

Contributor address; City; State; Zip Code
1000 Glen Oaks Court
Austin, TX 78702

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rivera, Jane (Ms.)

Contributor address; City; State; Zip Code
1000 Glen Oaks Court
Austin, TX 78702

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

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: 6/6 Report: 8/26

2 FILER NAME Almanza, Susana (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00078741

4 Date

11/10/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodgers, Brian (Mr.)**6** Contributor address; City; State; Zip Code
1112 W. 9th 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) ☐**9** Principal occupation / Job title (See Instructions)
Real Estate Investor**10** Employer (See Instructions)
Self

Date

11/21/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Salazar, Dionisio (Mr.)Contributor address; City; State; Zip Code
8113 Doe Meadow Dr.
Austin, TX 78749Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

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: 1/18 Report: 9/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 12/06/2014	5 Payee name Alonso's Tacos				
6 Amount (\$) \$21.33	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"/> Food <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 11/19/2014	Payee name AT&T Mobility				
Amount (\$) \$191.30	Payee address City: State: Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Phone		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cell <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 11/05/2014	Payee name Briones, Patricia (Ms.)				
Amount (\$) \$110.00	Payee address City: State: Zip Code 5001 Lott Ave Austin, TX 78721				
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		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/03/2014	Payee name Cicis Pizza				
Amount (\$) \$25.46	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting <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: 2/18 Report: 10/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/06/2014	5 Payee name City of Austin				
6 Amount (\$) \$49.49	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 12/04/2014	Payee name City of Austin				
Amount (\$) \$32.88	Payee address City; State; Zip Code Austin, TX				
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 12/01/2014	Payee name Corner Store				
Amount (\$) \$21.16	Payee address City; State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas <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 11/04/2014	Payee name Dan's Hamburgers				
Amount (\$) \$19.02	Payee address City; State; Zip Code 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) <input type="checkbox"/> Meeting <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: 3/18 Report: 11/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 12/02/2014	5 Payee name Dollar General				
6 Amount (\$) \$31.39	7 Payee address City: State: Zip Code TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Supplies		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office		
			<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 12/06/2014	Payee name Dollar General				
Amount (\$) \$51.96	Payee address City: State: Zip Code Austin, TX				
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"/> 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 12/06/2014	Payee name Dollar General				
Amount (\$) \$17.57	Payee address City: State: Zip Code Austin, TX				
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"/> Office		
			<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 11/04/2014	Payee name El Milagro				
Amount (\$) \$8.10	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
			<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: 4/18 Report: 12/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/04/2014		5 Payee name Gabriel, Kassandra (Ms.)			
6 Amount (\$) \$80.00		7 Payee address City: State: Zip Code 310 Carriage Way Kyle, TX 78640			
8 PURPOSE OF EXPENDITURE		(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) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/04/2014		Payee name Gabriel, Kassandra (Ms.)			
Amount (\$) \$65.00		Payee address City: State: Zip Code 310 Carriage Way Kyle, TX 78640			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/05/2014		Payee name Gabriel, Kassandra (Ms.)			
Amount (\$) \$140.00		Payee address City: State: Zip Code 310 Carriage Way Kyle, TX 78640			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/05/2014		Payee name Gas/Carwash #628			
Amount (\$) \$19.92		Payee address City: State: Zip Code Austin, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas	
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: 5/18 Report: 13/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 12/06/2014	5 Payee name GoFundMe				
6 Amount (\$) \$111.30	7 Payee address City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Online Donations		(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fee		
	<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 11/06/2014	Payee name Guajardo, Martin (Mr.)				
Amount (\$) \$110.00	Payee address City; State; Zip Code 620 Montopolis Austin, TX 78741				
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				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/31/2014	Payee name HEB				
Amount (\$) \$25.46	Payee address City; State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas		
	<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 11/03/2014	Payee name HEB				
Amount (\$) \$67.32	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"/> Food and 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:

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: 6/18 Report: 14/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/29/2014	5 Payee name Herrera, Chavelo (Mr.)				
6 Amount (\$) \$40.00	7 Payee address City: State: Zip Code 1406 Vargas Austin, TX 78741				
8 PURPOSE OF EXPENDITURE	(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) <input type="checkbox"/> Contract Labor		
	<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 10/30/2014	Payee name Herrera, Christino (Mr.)				
Amount (\$) \$125.00	Payee address City: State: Zip Code 1406 Vargas Austin, TX 78741				
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				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/28/2014	Payee name Herrera, Christino (Mr.)				
Amount (\$) \$250.00	Payee address City: State: Zip Code 1406 Vargas Austin, TX 78741				
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				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/01/2014	Payee name Herrera, Sylvia Ph.D. (Ms.)				
Amount (\$) \$1,000.00	Payee address City: State: Zip Code 934 Springdale Austin, TX 78702				
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				
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: 7/18 Report: 15/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 12/04/2014	5 Payee name Hobby Lobby				
6 Amount (\$) \$20.50	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				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/30/2014	Payee name KTXZ				
Amount (\$) \$200.00	Payee address City: State: Zip Code 2211 S. IH 35, Austin, TX 78741				
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"/> Radio Ad		
	<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 11/28/2014	Payee name KTXZ				
Amount (\$) \$250.00	Payee address City: State: Zip Code 2211 S. IH 35, Austin, TX 78741				
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"/> Radio Ad		
	<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 12/03/2014	Payee name La Voz				
Amount (\$) \$1,650.00	Payee address City: State: Zip Code PO Box 19457 Austin, TX 78760				
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"/> Newspaper Ad		
	<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: 8/18 Report: 16/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/26/2014		5 Payee name Little Cesars			
6 Amount (\$) \$13.96		7 Payee address City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting <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 12/01/2014		Payee name Little Cesars			
Amount (\$) \$13.96		Payee address City; State; Zip Code 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"/> 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 11/25/2014		Payee name Llanes, Daniel (Mr.)			
Amount (\$) \$120.00		Payee address City; State; Zip Code 4907 Red Bluff Rd. Austin, TX 78702			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/25/2014		Payee name Llanes, Daniel (Mr.)			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code 4907 Red Bluff Rd. Austin, TX 78702			
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	
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: 9/18 Report: 17/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/05/2014	5 Payee name Marcelino's Pan y Vida				
6 Amount (\$) \$116.64	7 Payee address City: State: Zip Code Austin, TX 78702				
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"/> Food		
	<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 11/21/2014	Payee name Marcelino's Pan y Vida				
Amount (\$) \$15.23	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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 11/10/2014	Payee name Mi Madres Restaurant				
Amount (\$) \$41.02	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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 11/24/2014	Payee name Murphy/Walmart				
Amount (\$) \$22.77	Payee address City: State: Zip Code TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas		
	<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: 10/18 Report: 18/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/12/2014	5 Payee name Office Depot				
6 Amount (\$) \$102.81	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 - Office		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies		
	<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 11/12/2014	Payee name Office Depot				
Amount (\$) \$69.27	Payee address City: State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office		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 11/14/2014	Payee name Office Depot				
Amount (\$) \$14.06	Payee address City: State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office		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 12/01/2014	Payee name Office Depot				
Amount (\$) \$89.98	Payee address City: State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office		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:

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: 11/18 Report: 19/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/10/2014	5 Payee name Office Max				
6 Amount (\$) \$66.52	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) OTHER - Office Supplies		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/20/2014	Payee name Office Max				
Amount (\$) \$15.47	Payee address City: State: Zip Code 907 West Austin, 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"/> Print		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/05/2014	Payee name Office Max				
Amount (\$) \$91.77	Payee address City: State: Zip Code 907 West Austin, TX				
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"/> Office		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/10/2014	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"/> Design		
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: 12/18 Report: 20/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/17/2014		5 Payee name Opinion Analysts			
6 Amount (\$) \$135.31		7 Payee address City: State: Zip Code 906 Rio Grande Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Electoral Info		(b) Description Data (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/25/2014		Payee name Opinion Analysts			
Amount (\$) \$146.14		Payee address City: State: Zip Code 906 Rio Grande Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Electoral Info		Description Data (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/24/2014		Payee name Quick Print-Shoal			
Amount (\$) \$2,600.47		Payee address City: State: Zip Code 8311 Shoal Creek Austin, 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"/> Mail Out Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/28/2014		Payee name Quick Print-Shoal			
Amount (\$) \$3,600.00		Payee address City: State: Zip Code 8311 Shoal Creek Austin, TX			
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"/> Mail Out Ad	
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: 13/18 Report: 21/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/04/2014	5 Payee name Radio Fiesta 97.1				
6 Amount (\$) \$270.00	7 Payee address City: State: Zip Code 7901 Cameron Rd Austin, TX 78754				
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"/> Radio Ad <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 12/06/2014	Payee name Renteria, Corazon (Ms.)				
Amount (\$) \$220.00	Payee address City: State: Zip Code 1406 Vargas Austin, TX 78741				
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		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/13/2014	Payee name Renteria, Lucy (Ms.)				
Amount (\$) \$30.00	Payee address City: State: Zip Code 1503 Willow St. #B Austin, TX 78702				
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		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/12/2014	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:

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: 14/18 Report: 22/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 12/01/2014	5 Payee name Shell				
6 Amount (\$) \$27.33	7 Payee address City: State: Zip Code Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas		
	<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 10/27/2014	Payee name Shultz, Erin (Ms.)				
Amount (\$) \$40.00	Payee address City: State: Zip Code 2504 Huntwick #160 Austin, TX				
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				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/05/2014	Payee name Sonic Drive In				
Amount (\$) \$12.97	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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 11/26/2014	Payee name Taqueria Arandina				
Amount (\$) \$20.17	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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: 15/18 Report: 23/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 10/31/2014	5 Payee name Taqueria Chapala				
6 Amount (\$) \$18.41	7 Payee address City: State: Zip Code Austin, TX 78702				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting		
	<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 11/07/2014	Payee name Taqueria Chapala				
Amount (\$) \$18.41	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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 11/12/2014	Payee name Taqueria Chapala				
Amount (\$) \$37.47	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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 11/14/2014	Payee name Taqueria Chapala				
Amount (\$) \$30.65	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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: 16/18 Report: 24/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/24/2014	5 Payee name Taqueria Chapala				
6 Amount (\$) \$34.14	7 Payee address City: State: Zip Code Austin, TX 78702				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting		
	<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 12/05/2014	Payee name Taqueria Chapala				
Amount (\$) \$28.28	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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 12/06/2014	Payee name Threadgills				
Amount (\$) \$21.88	Payee address City: State: Zip Code 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) <input type="checkbox"/> Meeting		
	<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 11/06/2014	Payee name USPS				
Amount (\$) \$39.20	Payee address City: State: Zip Code 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) <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:

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: 17/18 Report: 25/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 10/27/2014		5 Payee name Vargas, Laura (Ms.)			
6 Amount (\$) \$120.00		7 Payee address City: State: Zip Code 4926 E. Cesar Chavez, Bldg B Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(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) <input type="checkbox"/> Contract Labor <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 11/04/2014		Payee name Vargas, Laura (Ms.)			
Amount (\$) \$50.00		Payee address City: State: Zip Code 4700 Riverside Dr. 1424B Austin, TX 78741			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/04/2014		Payee name Vega, Mathew (Mr.)			
Amount (\$) \$110.00		Payee address City: State: Zip Code 1010 Valdez Austin, TX 78741			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/12/2014		Payee name Villalobos, Anita (Ms.)			
Amount (\$) \$100.00		Payee address City: State: Zip Code 1206 Begonia Terrace Austin, TX 78741			
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	
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: 18/18 Report: 26/26		2 FILER NAME Almanza, Susana (Ms.)		3 ACCOUNT # (TEC filers) 00078741	
4 Date 11/26/2014	5 Payee name Walgreens				
6 Amount (\$) \$18.06	7 Payee address City: State: Zip Code TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Supplies		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food		
	<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 11/03/2014	Payee name Walmart				
Amount (\$) \$54.09	Payee address City: State: Zip Code 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				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: