### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
· · · · · · · · · · · · · · · · · · ·		00078741	10		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	, <b>M1</b>	OFFICE USE ONLY		
NAME	Ms. Susana				
	NICKNAME LAST	SUFFIX	AUSTIN RED		
	Almanza		ED RE		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	STIN CITY CLERK RECEIVED  RECEIVED  JUL 35 PM 1 (  FILED IN THE OFFICE DAY OF D		
OFFICEHOLDER MAILING	6103 Larch Terra	P	HE O HE O		
ADDRESS			CLE CLE		
Change of Address	Auston, TX 7874	EXTENSION =	OF 3		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-ovivered or Date Postmarked		
PHONE	(514)202-(511				
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt Amount \$		
TREASURER NAME	Sylvia	SUFFIX	Date Prisons Ed		
·	NICKNAME LAST		Date Imaged		
			ZIP CODE		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE;	ZIF GODE		
ADDRESS	4926 Cesar Chavez, Blog B				
(Residence or Business)		<del>-</del>			
	Austin, IX 787				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(512) 202-1511				
9 REPORT TYPE	January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment		
		Exceeded \$500 limit	(Officeholder Only)  Final Report (Attach C/OH - FR)		
	July 15 Sth day before	election			
40 DEDICE	Month Day Year	Month	Day Year		
10 PERIOD COVERED	01/01/2015	THROUGH 06	/30/2015		
	01/01/2015	INCOOL 50			
11 ELECTION	ELECTION DATE	ELECTION TYP	<u></u>		
	Month Day Year Prima	Runoff Other Description			
	12/16/2014 Gener	al Special			
		13 OFFICE SOUGHT (if kno	wii)		
12 OFFICE	OFFICE HELD (if any)				
		Austin Ci	ty Council District 3		
			U		
GO TO PAGE 2					
1			Povised 02/27/20		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		10.1	5 Filer ID (Ethics Commission Filers)
	Susana	Almana	00078741
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	* - O-
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s - o -
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS. S ITEMIZED	\$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,100.69
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ (80.09
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* - O -
40. A EEID AVIT	<u> </u>		
18 AFFIDAVIT		I swear, or affirm, under penalty of	perjury, that the accompanying report is
		true and correct and includes all inf	formation required to be reported by me
AND	THOMAS A. GRAUZ		
No.	otary Public, State of My Commission Exp		- A
	November 19, 20		1 many
		Signature of Car	ndidate or Officeholder
		Signature of our	
AFFIX NOTARY STAR	MP/SEALABOVE		
Sworn to and subse			, this the 4th
day of August , 20_15 , to certify which, witness my hand and seal of office.			
A-a-	Hyn	Thomas A. Graner	notag public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

## **SUBTOTALS-COH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Susana Almanza	000787	41
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ -0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ _ U _
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 0 -
4.	SCHEDULE E: LOANS		\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 13,100.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ - 0 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIB	UTIONS	\$ - 0 -
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ - 0 -
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH	\$ -0-
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ - 0 -
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ons .	\$ [0,000,00

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Retribursament Office Overhead/Rental Expense Polling Expense Printing Expense Satarles/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Canada Carca Bacion Folio	The instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GUSANA Alma	ma	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name City of Austin		
6 Amount (\$) 3  80	7 Payee address; City: State: Zip Code PO Box 1088 Aug Hn TX 78767		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Office Overhead/  Lental Expenses	l	autside of Texes, complete Schedule T I, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/13/15	City of Austin		
Amount (\$) 54.25	Payee address? City; State; Zip Code  PD Box (088  Austin 7X 78767		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Office Overhead  Rendal Expenses		outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name  City of Austin  Payee address: City; State; Zip Code  PO Payer 1088		
.60001	Aughin 7x 76767  Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other: Campaign Finance Refund	Check if travel o	outside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memortals Expense Legal Services Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1	2 FILER NAME SUSANA Alma	124	3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/15	5 Payee name Fuerza Unida			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
200 00	710 New Laredo Huy San Antonio, TX 18211	l		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	<del></del>	
PURPOSE OF EXPENDITURE	Contributions/Donations Made by Condidate/OH/Pol. cte		cutside of Texas, complete Schedule T n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
4/24/15	Payee address; City; State; Zip Code			
Amount (\$)	Payee address; City; State; Zip Code			
1 00	4926 E. Cesarchauez, #D			
00	Austin JX 78702			
	Category (See categories tisted at the top of this schedule)	Description		
PURPOSE	Contributions/Donations	Check if travel of	vel outside of Texas, complete Schedule T	
OF EXPENDITURE	Modeloy Condidate/OH/Pol.	L Check if Austin,	TX, afficeholder living expense	
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/28/15	Mortopolis Little	League		
Amount (\$)	Payee address; City; State; Zip Code	O		
200 00	6800 Uillita Rd Austin 7X 78741			
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE	Contributions/Donktrons		outside of Texas, complete Schedule T	
OF EXPENDITURE	100 10 h (01 1 10 1 DH)	Check if Austin,	TX, officeholder living expense	
	Made by Canadate Pol. Cte			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Benking
Consulting Expense
Contributions/Constions Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursament Office Overhead/Rental Expense Potting Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above)

<u></u>	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME SUSAna Alma	3 Filer ID (Ethics Commission Filers) ハそい  Oつうそ741	
4 Date 2/28/15	l = p	Festival	
6 Amount (\$)	7 Payee address; City; State; Zip Code	•	
250 00	1801 Salina St Austin TX 78702		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Contributions/Dunctions	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense	
EXPENDITURE	made by Candidate/OH/Pol. Cte.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/28/15	Ballet East		
Amount (\$)	Payee address; City; State; Zip Code		
500 00	3111 Garwood Auston D 78702		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Contributions ( Denations	Check if travel cutside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense	
EXPENDITURE	Made by Candidate 10H1 Pol. Cte		
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
3/9/15	Grassroots Leadersh	i p	
Amount (\$)	Payee address; City; State; Zip Code	•	
5000	2301 E. Cesar Charlez		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Contributions (Donations	Check if travel outside of Taxas, complete Schedule T Check if Austin, TX, officeholder living expense	
EXPENDITURE	made toy Condidate / OH/Pol.		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats Expense Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Satarias/Wagas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The instruction Guide explains how to c	complete this form.	Other (enter a catagory not isseed above)
1 Total pages Schedule F1:	Susana Almanza		3 Filer ID (Ethics Commission Filers) 00078741
4 Date 1 / 9 //5	& Payee name Wells Fargo		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
3. <del>"</del>		•	,
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees: Online Dep	1 —	outside of Texas, complete Schedule T
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/9/15	Wells Fargo		
Amount (\$)	Payee address; Clty; State; Zip Code		
3. 8°		·	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Fees: Online Dep.		outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/30/15	Wells Fargo	·	
Amount (\$)	Payee address; City; State; Zip Code		
5. <u>50</u>			
	Category (See categories listed at the top of this schedule)	Description	andride of Towns are whole Daha dala W
PURPOSE OF EXPENDITURE	Fees: Monthly Service	! <del>[</del> -	outside of Texas, complete Schedule † TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Sclicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The instruction Guide explains how to c	omplete this form.	Ourea (enter a category not used above)
1 Total pages Schedule F1:	2 FILER NAME SUSANA Alman		3 Filer (D (Ethics Commission Filers)
4 Date 5 29 15	5 Payee name Wells Fago		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	一	outside of Texas, complete Schedule T
OF EXPENDITURE	Fees: Monthly Services	Check If Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/30/15	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
500			
PURPOSE OF EXPENÓITURE	Category (See categories listed at the top of this schedule) Fees. Mwwhy Semices	I 📻	utside of Texas, complete Schedule T
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/30/15	Hostgator. com	:	
Amount (\$)	Payee address: City: State: Zip Code 2500 Pilge point Dr. Austin TX 78754		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Other: Website	1 7	utside of Texes, complete Schedule T TX, officeholder tiving expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Out Made On the Control of the Contr	The instruction Guide explains how to co	omplete this form.	Other (arties a category not included above)
1 Total pages Schedule F1:	2 FILER NAME Susana Almanca		3 Filer ID (Ethics Commission Filers)
4 Date 4 (2/15	5 Payee name Hostgator, Com		
6 Amount (\$) 63.64	7 Payee address; City; State; Zip Code 2500 Pidge point Dr. Austin IX 78754		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Other: Website	i <del>["</del>	outside of Texas, complete Schedule T , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/5/15	Sylvia Herrera	· <u></u>	·
Amount (\$)	Payee address; City; State; Zip Code		
50000	934 Springdale, Aust	in.7X78702	Σ .
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Salaries/Wages/  Contract Labor	1 —	outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/3/15	Youth Unlimite	d Inc	
Amount (\$)	Payed address; City; State; Zip Code 3906 Sojourner Del Valle X 7872	5	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Contributions / Donadisn/  Made by Candidate / Ott/  Pol. Cte		outside of Texas, complete Schedule T
	Pol cte		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	Susana Almanza	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	PODER	75-0-4-	\$10,000.00
1/29/15	PODER  6 Address of person from whom amount is received; City; State;  4926 E. Clsar Chawlet A  Austin, TX 78702	Zip Code	70,000.00
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zíp Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	