

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <b>00078741</b>	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Ms. Susana</b>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;">                 2015 JUL 35 PM 1 32                  FILED IN THE OFFICE OF CITY CLERK                  ON 4th DAY OF AUGUST 2015                  RECEIVED                  AUSTIN CITY CLERK             </div>
	NICKNAME LAST SUFFIX <b>Almanza</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>6103 Larch Terrace Austin, TX 78741</b>		CITY CLERK
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 202-1511</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Sylvia</b>		
NICKNAME LAST SUFFIX <b>Herrera Ph.D.</b>		Date Received or Date Postmarked <b>2015 JUL 35 PM 1 32</b>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4926 Cesar Chavez Bldg B Austin, TX 78702</b>	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 202-1511</b>		Receipt Amount \$
9 REPORT TYPE			
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year <b>01 / 01 / 2015</b> THROUGH <b>06 / 30 / 2015</b> Month Day Year			
11 ELECTION			
ELECTION DATE Month Day Year <b>12 / 16 / 2014</b>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Austin City Council District 3</b>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Susana Almanza*

15 Filer ID (Ethics Commission Filers)

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 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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

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

\$ - 0 -

EXPENDITURE  
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 13,100.69

CONTRIBUTION  
BALANCE

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

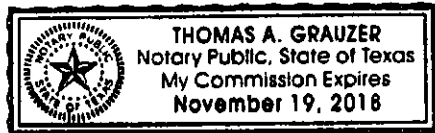
\$ 180.09

OUTSTANDING  
LOAN TOTALS

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

\$ - 0 -

18 AFFIDAVIT



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

*Susana Almanza*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susana Almanza, this the 4th  
day of August, 2015, to certify which, witness my hand and seal of office.

*Thomas A. Grauer*  
Signature of officer administering oath

Thomas A. Grauer  
Printed name of officer administering oath

*notary public*  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Susana Almanza

20 Filer ID (Ethics Commission Filers)

00078741

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ - 0 -
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ - 0 -
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,100.69
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ - 0 -
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
11.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10,000.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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  
Legal Services

Loan Repayment/Reimbursement  
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 <i>Susana Almanza</i>		3 Filer ID (Ethics Commission Filers) <i>00078741</i>	
4 Date <i>1/5/15</i>		5 Payee name <i>City of Austin</i>			
6 Amount (\$) <i>31.80</i>		7 Payee address; City; State; Zip Code <i>PO Box 1088 Austin, TX 78767</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Office Overhead / Rental Expenses</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1/13/15</i>		Payee name <i>City of Austin</i>			
Amount (\$) <i>54.25</i>		Payee address; City; State; Zip Code <i>PO Box 1088 Austin, TX 78767</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Office Overhead / Rental Expenses</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1/13/15</i>		Payee name <i>City of Austin</i>			
Amount (\$) <i>\$ 10,000.<sup>00</sup></i>		Payee address; City; State; Zip Code <i>PO Box 1088 Austin TX 78767</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other: Campaign Finance Refund</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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  
Legal Services

Loan Repayment/Reimbursement  
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 <i>Susana Almanza</i>	3 Filer ID (Ethics Commission Filers) <i>00078741</i>
4 Date <i>2/26/15</i>	5 Payee name <i>Fuerza Unida</i>	
6 Amount (\$) <i>500 00</i>	7 Payee address; City; State; Zip Code <i>710 New Laredo Hwy San Antonio, TX 78211</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Contributions/Donations Made by Candidate/OH/Pol. cte</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/24/15</i>	Payee name <i>Lupe Arte</i>		
Amount (\$) <i>100 00</i>	Payee address; City; State; Zip Code <i>4926 E. Cesar Chavez, #D Austin, TX 78702</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Contributions/Donations Made by Candidate/OH/Pol. cte</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/28/15</i>	Payee name <i>Montopolis Little League</i>		
Amount (\$) <i>500 00</i>	Payee address; City; State; Zip Code <i>6800 Villita Rd Austin, TX 78741</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Contributions/Donations Made by Candidate/OH/ Pol. cte</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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  
Legal Services

Loan Repayment/Reimbursement  
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 <b>Susana Almanza</b>	3 Filer ID (Ethics Commission Filers) <b>00078741</b>
4 Date <b>2/28/15</b>	5 Payee name <b>Austin Film Festival</b>	
6 Amount (\$) <b>250.00</b>	7 Payee address; City; State; Zip Code <b>1801 Salina St Austin, TX 78702</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Contributions/Donations Made by Candidate/OH/Pol. Cte.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>2/28/15</b>	Payee name <b>Ballet East</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>3111 Garwood Austin, TX 78702</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Contributions/Donations Made by Candidate/OH/ Pol. Cte.</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>3/9/15</b>	Payee name <b>Grassroots Leadership</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>2301 E. Cesar Chavez Austin, TX 78702</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Contributions/Donations Made by Candidate/OH/Pol. Cte.</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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  
Legal Services

Loan Repayment/Reimbursement  
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 <i>Susana Almanza</i>		3 Filer ID (Ethics Commission Filers) <i>00078741</i>	
4 Date <i>1/9/15</i>		5 Payee name <i>Wells Fargo</i>			
6 Amount (\$) <i>3.00</i>		7 Payee address; City; State; Zip Code			
8  PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)  <i>Fees: Online Dep.</i>		(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <i>2/9/15</i>		Payee name <i>Wells Fargo</i>			
Amount (\$) <i>3.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)  <i>Fees: Online Dep.</i>		Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <i>4/30/15</i>		Payee name <i>Wells Fargo</i>			
Amount (\$) <i>5.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)  <i>Fees: Monthly Service</i>		Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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  
Legal Services

Loan Repayment/Reimbursement  
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 <i>Susana Almanza</i>		3 Filer ID (Ethics Commission Filers) <i>00078741</i>	
4 Date <i>5/29/15</i>		5 Payee name <i>Wells Fargo</i>			
6 Amount (\$) <i>5.00</i>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <i>Fees: Monthly Services</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>6/30/15</i>		Payee name <i>Wells Fargo</i>			
Amount (\$) <i>5.00</i>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>Fees: Monthly Services</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>3/30/15</i>		Payee name <i>Hostgator.com</i>			
Amount (\$) <i>30.00</i>		Payee address; City; State; Zip Code <i>2500 Ridgepoint Dr. Austin, TX 78754</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>Other: Website</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Legal Services

Loan Repayment/Reimbursement  
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 <b>Susana Almanza</b>	3 Filer ID (Ethics Commission Filers) <b>00078741</b>
4 Date <b>4/2/15</b>	5 Payee name <b>Hostgator.com</b>	
6 Amount (\$) <b>63.64</b>	7 Payee address; City; State; Zip Code <b>2500 Ridgepoint Dr. Austin TX 78754</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Other: Website</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/5/15</b>	Payee name <b>Sylvia Herrera</b>	
Amount (\$) <b>500<sup>00</sup></b>	Payee address; City; State; Zip Code <b>934 Springdale, Austin, TX 78702</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/ Contract Labor</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/3/15</b>	Payee name <b>Youth Unlimited, Inc</b>	
Amount (\$) <b>500<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3906 Sojourner Del Valle TX 78725</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Contributions/Donation/ Made by Candidate/Off/ Pol. Cte</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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 Schedule K:

1

2 FILER NAME

Susana Almanza

3 Filer ID (Ethics Commission Filers)

00078741

4 Date

1/29/15

5 Name of person from whom amount is received

PODER

8 Amount (\$)

\$10,000.00

6 Address of person from whom amount is received; City; State; Zip Code

4926 E. Cesar Chavez #A  
Austin, TX 78702

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; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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