

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filter ID (Ethics Commission Filers)	2 Total pages filed: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI SUSANA	OFFICE USE ONLY Date Received OCC RECEIVED AT OCT 9 '18 PM 2:50	
	NICKNAME LAST SUFFIX ALMANZA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6103 LARCH TERRACE AUSTIN, TX 78741		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 770-7896	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LIBRADO	Receipt #	Amount \$
	NICKNAME LAST SUFFIX ALMANZA	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4926 EAST CESAR CHAVEZ BLDG. D AUSTIN, TX 78702		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (737) 717-2108		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 Month Day Year 08 / 04 / 2018 THROUGH 09 / 27 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL DISTRICT 3	
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)

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

\$ 0.00

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

\$ 8469.02

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3248.43

CONTRIBUTION
BALANCE

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

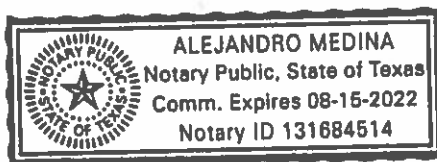
\$ 5059.57

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

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 9th day of October, 20 18, to certify which, witness my hand and seal of office.

Alejandro Medina

Signature of officer administering oath

Alejandro Medina

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8219.02
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3248.43
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/12
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSANA ALMANZA 6 Contributor address; City; State; Zip Code 6103 LARCH TERRACE AUSTIN, TX 78741	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) NON-PROFIT DIRECTOR		9 Employer (See Instructions) PODER
Date 8/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED LEWIS Contributor address; City; State; Zip Code 309 EAST 11 ST #2 AUSTIN, TX 78701	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) FRED LEWIS ATTORNEY
Date 8/17/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAUREN ROSS Contributor address; City; State; Zip Code 1405 HILLMONT ST AUSTIN, TX 78704	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) ENVIRONMENTAL ENGINEER		Employer (See Instructions) GLENMOORE ENGINEERS
Date 8/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANE RIVERA Contributor address; City; State; Zip Code 1000 GLEN OAKS CT. AUSTIN, TX 78702	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2/12****2** FILER NAME
SUSANA ALMANZA**3** Filer ID (Ethics Commission Filers)**4** Date

8/16/18

5 Full name of contributor**CHRISTINO HERRERA**☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

1406 VARGAS RD AUSTIN, TX 78741**7** Amount of contribution (\$)**25.00****8** Principal occupation / Job title (See Instructions)
STUDENT**9** Employer (See Instructions)
STUDENT

Date

5/19/18

Full name of contributor

GILBERT RIVERA☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1000 GLEN OAKS CT AUSTIN, TX 78702

Amount of contribution (\$)

50.00Principal occupation / Job title (See Instructions)
RETIREDEmployer (See Instructions)
RETIRED

Date

8/16/18

Full name of contributor

CORAZON RENTERIA☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1406 VARGAS RD AUSTIN, TX 78741

Amount of contribution (\$)

25.00Principal occupation / Job title (See Instructions)
TEACHEREmployer (See Instructions)
MONTESSORI

Date

8/24/18

Full name of contributor

MARISA PERALES☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2104 WILLOW ST. AUSTIN, TX 78702

Amount of contribution (\$)

150.00Principal occupation / Job title (See Instructions)
ATTORNEYEmployer (See Instructions)
FRED., PERAL., ALLM. & ROCK. PC**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3/12****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date

8/16/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)**CHAVELO HERRERA****6** Contributor address;

City; State; Zip Code

1406 VARGAS RD AUSTIN, TX 78741**7** Amount of contribution (\$)**25.00****8** Principal occupation / Job title (See Instructions)
STUDENT**9** Employer (See Instructions)
STUDENT

Date

8/16/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**CHE MARTINEZ**

Contributor address;

City; State; Zip Code

6103 LARCH TERR AUSTIN, TX 78741

Amount of contribution (\$)

25.00Principal occupation / Job title (See Instructions)
CONSTRUCTION/DEMOEmployer (See Instructions)
CONTRACT

Date

8/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**DAVID KING**

Contributor address;

City; State; Zip Code

1808 KERR AVE AUSTIN, TX 78704

Amount of contribution (\$)

350.00Principal occupation / Job title (See Instructions)
RETIREDEmployer (See Instructions)
RETIRED

Date

8/30/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**SHARON BLYTHE**

Contributor address;

City; State; Zip Code

9206 BRIGADOON CV AUSTIN, TX 78750

Amount of contribution (\$)

50.00Principal occupation / Job title (See Instructions)
CPAEmployer (See Instructions)
SELF**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4/12****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date

8/30/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)**RODGER BAKER****6** Contributor address;

City; State; Zip Code

1303 BRENTWOOD AUSTIN, TX 78722**7** Amount of contribution (\$)**125.00****8** Principal occupation / Job title (See Instructions)**RETIRED****9** Employer (See Instructions)**RETIRED**

Date

9/1/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**RAUL ROSA**

Contributor address;

City; State; Zip Code

905 SHADY LANE AUSTIN, TX 78702

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**DAVID MORIATY**

Contributor address;

City; State; Zip Code

4903 RED BLUFF AUSTIN, TX 78702

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

9/6/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**'ANA AGUIRRE**

Contributor address;

City; State; Zip Code

6714 RIPPLE RUN AUSTIN, TX 78744

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

Employer (See Instructions)

SELF EMPLOYED**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5/12****2** FILER NAME

SUSANA ALMANZA

3 Filer ID (Ethics Commission Filers)**4** Date

8/20/18

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

CHRISTOPHER BROWN

7 Amount of contribution (\$)

350.00

6 Contributor address;

City; State; Zip Code

5013 RED BLUFF RD

AUSTIN, TX 78702

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

ATTORNEY AT LAW, PLLC

Date

8/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LIBRADO ALMANZA

Amount of contribution (\$)

160.00

Contributor address;

City; State; Zip Code

6103 LARCH TERR

AUSTIN, TX 78741

Principal occupation / Job title (See Instructions)

MEDIA TECH.

Employer (See Instructions)

AUSTIN COMMUNITY COLLEGE

Date

8/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

RUBY CLADERON

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

7309 SHADYWOOD

AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

8/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ERNESTO CLADERON

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

7309 SHADYWOOD

AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6/12****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**8/20/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**KATY DUNCAN****6** Contributor address;

City; State; Zip Code

11405 PRADERA DR AUSTIN, TX 78759**7** Amount of contribution (\$)**350.00****8** Principal occupation / Job title (See Instructions)**HOUSEWIFE****9** Employer (See Instructions)**NONE**

Date

8/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**JAMES DUNCAN**

Contributor address;

City; State; Zip Code

11405 PRADERA DR AUSTIN, TX 78759

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

CITY PLANNER

Employer (See Instructions)

RETIRED

Date

8/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**THEODORE SMITH**

Contributor address;

City; State; Zip Code

465 SOUTH 15TH ST APT SU SAN JOSE, CA 75112

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF EMPLOYED

Date

8/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**SUSANNA WOODY**

Contributor address;

City; State; Zip Code

7433 MONTEZUMA ST AUSTIN, TX 78744

Amount of contribution (\$)

27.01

Principal occupation / Job title (See Instructions)

PROJECT MANAGER

Employer (See Instructions)

AMD**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7/12****2** FILER NAME
SUSANA ALMANZA**3** Filer ID (Ethics Commission Filers)**4** Date
8/20/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
RAND WILSON**6** Contributor address; City; State; Zip Code
3 LESTER TER SOMERVILLE, MA 2144**7** Amount of contribution (\$)
27.01**8** Principal occupation / Job title (See Instructions)
ORGANIZER**9** Employer (See Instructions)
SEIU LOCAL 888

Date

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

Amount of contribution (\$)

8/20/18Contributor address; City; State; Zip Code
5700 CLAY AVE AUSTIN, TX 78756**50.00**Principal occupation / Job title (See Instructions)
SCIENTISTEmployer (See Instructions)
UT AUSTIN

Date

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

Amount of contribution (\$)

8/22/18Contributor address; City; State; Zip Code
5700 CLAY AVE AUSTIN, TX 78741**300.00**Principal occupation / Job title (See Instructions)
ARCHAEOLOGISTEmployer (See Instructions)
SELF

Date

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

Amount of contribution (\$)

8/23/18Contributor address; City; State; Zip Code
2302 WESTWORTH C. AUSTIN, TX 78704**100.00**Principal occupation / Job title (See Instructions)
ACTIVISTSEmployer (See Instructions)
NONE**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8/12****2** FILER NAME
SUSANA ALMANZA**3** Filer ID (Ethics Commission Filers)**4** Date
8/27/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
ANGELA VALENZUELA**6** Contributor address; City; State; Zip Code
2653 BARTON HILLS DR AUSTIN, TX 78704**7** Amount of contribution (\$)
100.00**8** Principal occupation / Job title (See Instructions)
PROFESSOR**9** Employer (See Instructions)
UT AUSTIN

Date

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

Amount of contribution (\$)

8/29/18Contributor address; City; State; Zip Code
1112 WEST 9TH ST AUSTIN, TX 78703**350.00**Principal occupation / Job title (See Instructions)
REAL ESTATE INVESTOREmployer (See Instructions)
SELF

Date

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

Amount of contribution (\$)

8/30/18Contributor address; City; State; Zip Code
2039 1/2 STEWART ST. SANTA MONICA, CA 90404**200.00**Principal occupation / Job title (See Instructions)
CAMPAIGN CONSULTANT & LIFE COACHEmployer (See Instructions)
SELF EMPLOYED

Date

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

Amount of contribution (\$)

8/31/18Contributor address; City; State; Zip Code
1321 DEER CREEK CR DRIPPING SPRINGS, TX 78620**50.00**Principal occupation / Job title (See Instructions)
RETIREDEmployer (See Instructions)
RETIRED**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9/12****2** FILER NAME
SUSANA ALMANZA**3** Filer ID (Ethics Commission Filers)**4** Date
8/31/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)**ERIKA GONZALEZ****7** Amount of contribution (\$)**100.00****6** Contributor address; City; State; Zip Code**25 EXCELSIOR CT. OAKLAND, CA 94610****8** Principal occupation / Job title (See Instructions)**TEACHER****9** Employer (See Instructions)**ROSES IN CONCRETE COMM. SCHOOL**

Date

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

Amount of contribution (\$)

9/4/18**STACY SAVAGE****100.00**

Contributor address; City; State; Zip Code

4802 TURNSTONE DR. AUSTIN, TX 78744

Principal occupation / Job title (See Instructions)

ENVIRONMENTAL CONSULTANT

Employer (See Instructions)

SELF EMPLOYED

Date

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

Amount of contribution (\$)

9/6/18**CHARLOTTE HERZELE****350.00**

Contributor address; City; State; Zip Code

3916 AVENUE H AUSTIN, TX 78751

Principal occupation / Job title (See Instructions)

ASSISTANT PROFESSOR

Employer (See Instructions)

UT AUSTIN

Date

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

Amount of contribution (\$)

9/6/18**JAMES CASEY****100.00**

Contributor address; City; State; Zip Code

7202 WHISPERING WINDS DR AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

MR.**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10/12****2** FILER NAME
SUSANA ALMANZA**3** Filer ID (Ethics Commission Filers)**4** Date
9/13/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
MARY SANGER**7** Amount of contribution (\$)**300.00****6** Contributor address; City; State; Zip Code
704 CAROLYN AVE. AUSTIN, TX 78705**8** Principal occupation / Job title (See Instructions)
RETIRED**9** Employer (See Instructions)
RETIRED

Date

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

Amount of contribution (\$)

9/16/18

Contributor address; City; State; Zip Code

50.00**1100 E. OLTORF ST. 32-106 AUSTIN, TX 78704**Principal occupation / Job title (See Instructions)
MASTER CONTROLEmployer (See Instructions)
KCWX CORRIDOR TELEVISION

Date

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

Amount of contribution (\$)

9/24/18

Contributor address; City; State; Zip Code

100.00**115 TURKEY HOLLOW CR. SAN MARCOS, TX 78666**Principal occupation / Job title (See Instructions)
RETIREDEmployer (See Instructions)
RETIRED

Date

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

Amount of contribution (\$)

9/26/18

Contributor address; City; State; Zip Code

350.00**1307 OXFORD AUSTIN, TX 78704**Principal occupation / Job title (See Instructions)
ATTORNEYEmployer (See Instructions)
SAVE OUR SPRINGS ALLIANCE**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11/12

2 FILER NAME
SUSANA ALMANZA

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1000 GLEN OAKS COURT AUSTIN, TX 78702

100.00

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
RETIRED

Date

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

Amount of contribution (\$)

9/27/18

Contributor address; City; State; Zip Code
2008 B RABB GLEN AUSTIN, TX 78704

100.00

Principal occupation / Job title (See Instructions)
ARCHITECT,

Employer (See Instructions)
SELF EMPLOYED

Date

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

Amount of contribution (\$)

9/28/18

Contributor address; City; State; Zip Code
4513 BALCONES DR. AUSTIN, TX 78731

100.00

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)
RETIRED

Date

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

Amount of contribution (\$)

9/12/18

Contributor address; City; State; Zip Code
700 LAVACA #1400 AUSTIN, TX 78701

250.00

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
AT LAW

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **12/12****2** FILER NAME
SUSANA ALMANZA**3** Filer ID (Ethics Commission Filers)**4** Date

9/12/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
WILLIAM ALESHIRE
6 Contributor address; City; State; Zip Code
3605 SHADY VALLEY DR. AUSTIN, TX 78739**7** Amount of contribution (\$)

350.00**8** Principal occupation / Job title (See Instructions)
ATTORNEY**9** Employer (See Instructions)
ATTORNEY AT LAW

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)
SUSAN SPATARO
Contributor address; City; State; Zip Code
6628 HASWELL LN. AUSTIN, TX 78749Amount of contribution (\$)

350.00Principal occupation / Job title (See Instructions)
RETIREDEmployer (See Instructions)
RETIRED

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)
ROBIN SCHNEIDER
Contributor address; City; State; Zip Code
2609 SHERWOOD LN. AUSTIN, TX 78704Amount of contribution (\$)

350.00Principal occupation / Job title (See Instructions)
DIRECTOREmployer (See Instructions)
TCE

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1/1	
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 8/30/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISRAEL LOPEZ	8 Amount of Contribution \$ 150.00	9 In-kind contribution description SHIRTS
7 Contributor address; City; State; Zip Code 6800 VILLITA RD. AUSTIN, TX 78741		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 8/30/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDRO SS SERVICES INC	Amount of Contribution \$ 100.00	In-kind contribution description OFFICE SPACE
Contributor address; City; State; Zip Code 403 SPRINGDALE RD. AUSTIN, TX 78702		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF		Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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: 1/6		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 8/16/18		5 Payee name VISTAPRINT			
6 Amount (\$) 55.79		7 Payee address; City; State; Zip Code VISTAPRINT.COM			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(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 8/20/18		Payee name WIX			
Amount (\$) 14.50		Payee address; City; State; Zip Code WIX.COM			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WEBHOSTING		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 8/20/18		Payee name WIX			
Amount (\$) 14.95		Payee address; City; State; Zip Code WIX.COM			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DOMAIN NAME		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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/6	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)																		
4 Date 8/20/18	5 Payee name FEDEX																			
6 Amount (\$) 42.21	7 Payee address; City; State; Zip Code 2711 GUADALUPE ST. AUSTIN, TX 78705																			
8 PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE</td> <td style="width: 50%;">(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense																
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Candidate / Officeholder name	Office sought																			
	Office held																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date 8/24/18</td> <td colspan="2">Payee name OFFICE MAX/OFFICE DEPOT</td> </tr> <tr> <td>Amount (\$) 91.29</td> <td colspan="2">Payee address; City; State; Zip Code 907 WEST 5TH ST AUSTIN, TX 78703</td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Category (See Categories listed at the top of this schedule) PRINTING EXPENSE</td> <td style="width: 50%;">Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> <tr> <td colspan="3"> Complete ONLY if direct expenditure to benefit C/OH <table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 50%;">Office sought</td> </tr> <tr> <td></td> <td>Office held</td> </tr> </table> </td> </tr> </table>			Date 8/24/18	Payee name OFFICE MAX/OFFICE DEPOT		Amount (\$) 91.29	Payee address; City; State; Zip Code 907 WEST 5TH ST AUSTIN, TX 78703		PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Category (See Categories listed at the top of this schedule) PRINTING EXPENSE</td> <td style="width: 50%;">Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Complete ONLY if direct expenditure to benefit C/OH <table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 50%;">Office sought</td> </tr> <tr> <td></td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought		Office held
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Date 8/30/18	Payee name FEDEX																			
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Candidate / Officeholder name	Office sought																			
	Office held																			
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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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: 3/6		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 9/5/18		5 Payee name HEB			
6 Amount (\$) 22.65		7 Payee address; City; State; Zip Code 2508 EAST RIVERSIDE DR. AUSTIN, TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(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 9/17/18		Payee name TEXAS DEMOCRATIC PARTY			
Amount (\$) 550.00		Payee address; City; State; Zip Code TEXASVAN.COM			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/ VOTER FILE		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 9/17/18		Payee name LAS CAZUELAS MEXICAN RESTAURANT			
Amount (\$) 28.10		Payee address; City; State; Zip Code 1701 E Cesar Chavez St, Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/6	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)			
4 Date 9/18/18	5 Payee name WIX				
6 Amount (\$) 14.50	7 Payee address; City; State; Zip Code WIX.COM				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WEBHOSTING	(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					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/18/18	Payee name DISCOUNT ELECTRONICS				
Amount (\$) 54.07	Payee address; City; State; Zip Code 9711 Manchaca Rd, Austin, TX 78748				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	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					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 9/21/18	Payee name VISTAPRINT				
Amount (\$) 263.18	Payee address; City; State; Zip Code VISTAPRINT.COM				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	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					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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: 5/6		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 9/25/18		5 Payee name WALMART			
6 Amount (\$) 81.76		7 Payee address; City; State; Zip Code 710 E Ben White Blvd, Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(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	
Date 9/10/18		Payee name JEFF BUTLER			
Amount (\$) 600.00		Payee address; City; State; Zip Code 722 CHASE DR. AUSTIN, TX 78412			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) GRAPHIC DESIGN		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	
Date 9/12/18		Payee name PEGGY VASQUEZ			
Amount (\$) 200.00		Payee address; City; State; Zip Code 2104 ENFIELD #B AUSTIN, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		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	
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POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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Loan Repayment/Reimbursement
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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: 6/6		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 9/11/18		5 Payee name TEXAS PARTNERS			
6 Amount (\$) 750.00		7 Payee address; City; State; Zip Code P.O. BOX 92811 AUSTIN, TX 78709			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		(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 9/27/18		Payee name DONATEWAY			
Amount (\$) 89.00		Payee address; City; State; Zip Code P.O. BOX 201367 AUSTIN, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		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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