

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)

2 Total pages filed: **24**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
SUSANA
NICKNAME LAST SUFFIX
ALMANZA

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6103 LARCH TERRACE AUSTIN, TX 78741

☐ Change of Address

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
NICKNAME LAST SUFFIX
ALMANZA

Receipt # Amount \$

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

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
09 / 28 / 2018 THROUGH 10 / 27 / 2018

11 ELECTION

ELECTION DATE
Month Day Year
11 / 06 / 2018
ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ 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

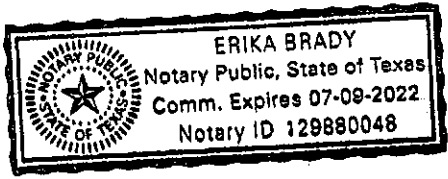
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME SUSANA ALMANZA	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)	\$ 5,188.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,867.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,541.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Susana Almanza, this the 29th day of October, 20 18, to certify which, witness my hand and seal of office.

EBrady
Signature of officer administering oath

Erika Brady
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME SUSANA ALMANZA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,088.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
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	\$ 8,867.16
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: **1/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**10/2/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**FRED MCGHEE****6** Contributor address;

City; State; Zip Code

2316 THRASHER LN. AUSTIN, TX 78741**7** Amount of contribution (\$)**50.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/02/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**LILIA ROSAS**

Contributor address;

City; State; Zip Code

1131 DON ANN ST. AUSTIN, TX 78721

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/04/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**VERONICA CARBAJAL**

Contributor address;

City; State; Zip Code

3016 WHEELING AVE. EL PASO, TX 79930

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/04/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**KIRK MITCHELL**

Contributor address;

City; State; Zip Code

PO BOX 4023**AUSTIN, TX 78765**

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

SECURITIES INVESTMENT

Employer (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: **2/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**10/11/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**MARY LUCY PULIDO****6** Contributor address;

City; State; Zip Code

1600 BARTON SPRINGS RD AUSTIN, TX 78704**7** Amount of contribution (\$)**325.00****8** Principal occupation / Job title (See Instructions)**RETIRED****9** Employer (See Instructions)**RETIRED**

Date

10/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**KELLEE COLEMAN**

Contributor address;

City; State; Zip Code

2906 E. MARTIN LUTHER KING JR. AUSTIN, TX 78702

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**LINDA BAILEY**

Contributor address;

City; State; Zip Code

4104 TURKEY CREEK DR. AUSTIN, TX 78730

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/19/18

Full name of contributor

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

Contributor address;

City; State; Zip Code

2011 GARDEN ST. AUSTIN, TX 78702

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date
10/04/18**5** Full name of contributor☐ out-of-state PAC (ID#: _____)**MICHAEL BAYER****7** Amount of contribution (\$)**75.00****6** Contributor address;

City; State; Zip Code

4901 RED BLUFF RD**AUSTIN, TX 78702****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
10/08/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**EZEKIEL ROMO**

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

8543 STATE HIGHWAY 151 SAN ANTONIO TX, 78245

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**NATALIE BULLA**

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

1109 CLERMONT AVE AUSTIN, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**DALE BULLA**

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

7202 FOXTREE COVE AUSTIN, TX 78750

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date
10/21/18**5** Full name of contributor☐ out-of-state PAC (ID#: _____)**WILLIAM GORDON****7** Amount of contribution (\$)**50.00****6** Contributor address;

City; State; Zip Code

6103 CARY DR.**AUSTIN, TX 78757****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
10/23/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**EVA HERNANDEZ**

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

6809 CITADEL COVE**AUSTIN, TX 78723**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/23/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**RICHARD HALPIN**

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

7107 STONE LEDGE CR. AUSTIN, TX 78736

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/26/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**VERONICA DELGADO-SAVAGE**

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2929 LAGERWAY CV**AUSTIN, TX 78748**

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date
10/27/18**5** Full name of contributor☐ out-of-state PAC (ID#: _____)**SYLVIA CAMARILLO****7** Amount of contribution (\$)**350.00****6** Contributor address;

City; State; Zip Code

307 COTTONWOOD LN AUSTIN, TX 78660**8** Principal occupation / Job title (See Instructions)**PAC PRESIDENT****9** Employer (See Instructions)**GREATERATX, NATL. WOMEN'S POLITICAL CAUCUS PAC****Date**
9/28/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**SYLVIA HERRERA**

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

934 SPRINGDALE AUSTIN, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date**9/28/18**

Full name of contributor

☐ out-of-state PAC (ID#: _____)**TANE WARD**

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

3007 E. 17TH AUSTIN, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date**9/28/18**

Full name of contributor

☐ out-of-state PAC (ID#: _____)**ROCKIE GONZALEZ**

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

3007 E. 17TH AUSTIN, TX 78702

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**9/29/18****5** Full name of contributor☐ out-of-state PAC (ID#:**ALICIA PEREZ HODGE****6** Contributor address;

City; State; Zip Code

1715 PALMA PLAZA AUSTIN, TX 78703**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/29/18

Full name of contributor

☐ out-of-state PAC (ID#:**PEDRO SANTIS**

Contributor address;

City; State; Zip Code

2311 ENFIELD RD AUSTIN, TX 78703

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

ASSISTANT

Employer (See Instructions)

PEDRO SERVICES

Date

9/30/18

Full name of contributor

☐ out-of-state PAC (ID#:**LOUDRES GODOY**

Contributor address;

City; State; Zip Code

3118 E. 12TH AUSTIN, TX 78702

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/18

Full name of contributor

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

Contributor address;

City; State; Zip Code

1000 GLEN OAKS DR. AUSTIN, TX 78702

Amount of contribution (\$)

60.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**9/29/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**PEDRO HERNANDEZ, JR.****6** Contributor address;

City; State; Zip Code

SUENA DR.**AUSTIN, TX 78741****7** Amount of contribution (\$)**25.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/28/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**MARTIN LIMON**

Contributor address;

City; State; Zip Code

604 SPRINGDALE**AUSTIN, TX 78702**

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/18

Full name of contributor

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

Contributor address;

City; State; Zip Code

1503 WILLOW**AUSTIN, TX 78702**

Amount of contribution (\$)

15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**JANIE RANGEL**

Contributor address;

City; State; Zip Code

1005 GULLETT**AUSTIN, TX 78702**

Amount of contribution (\$)

25.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**9/29/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**MAX RANGEL SR.****6** Contributor address;

City; State; Zip Code

1005 GULLETT**AUSTIN, TX 78702****7** Amount of contribution (\$)**25.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/2/18

Full name of contributor

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

Contributor address;

City; State; Zip Code

1000 GLEN OAKS DR.**AUSTIN, TX 78702**

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**CHRISTINA MACIAS**

Contributor address;

City; State; Zip Code

6624 QUINTON DR**AUSTIN, TX 78747**

Amount of contribution (\$)

23.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**ERNESTO CALDERON**

Contributor address;

City; State; Zip Code

7309 SHADYWOOD DR.**AUSTIN, TX 78745**

Amount of contribution (\$)

50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9/15

2 FILER NAME

SUSANA ALMANZA

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/18

5 Full name of contributor

RUBY CALDERON

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7309 SHADYWOOD DR. AUSTIN, TX 78745

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/2/18

Full name of contributor

FRANCISCO ROSALES

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1706 MIRIAM AVE AUSTIN, TX 78702

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/18

Full name of contributor

PETER ORTIZ

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1402 VARGAS RD AUSTIN, TX 78741

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/18

Full name of contributor

ANITA VILLALOBOS

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1206 BEGONIA TERR. AUSTIN, TX 78741

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**10/2/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**DONNA HOFFMAN****7** Amount of contribution (\$)**25.00****6** Contributor address;

City; State; Zip Code

1500 GREGORY ST.**AUSTIN, TX 78702****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**MONICA ALLEN**

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1313 MONTOPOLIS DR.**AUSTIN, TX 78741**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**ALFRED RANGEL**

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

8604 KEYHES LN.**AUSTIN, TX 78747**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/18

Full name of contributor

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

Amount of contribution (\$)

40.00

Contributor address;

City; State; Zip Code

1009 E. 8TH ST.**AUSTIN, TX 78702**

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date

10/2/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)**JEAN J. BARRERA****6** Contributor address;

City; State; Zip Code

4713 E. CESAR CHAVEZ AUSTIN, TX 78702**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**CENTRAL MACHINE OPERATING CO., LLC**

Contributor address;

City; State; Zip Code

4713 E. CESAR CHAVEZ AUSTIN, TX 78702

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

CENTRAL MACHINE OPERATING CO., LLC

Date

10/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**CENTRAL MACHINE PROPERTIES LLC**

Contributor address;

City; State; Zip Code

4824 E. CESAR CHAVEZ AUSTIN, TX 78702

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

CENTRAL MACHINE PROPERTIES LLC

Date

10/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**ROSETTA ELLISON**

Contributor address;

City; State; Zip Code

2201 MONTOPOLIS #926 AUSTIN, TX 78741

Amount of contribution (\$)

20.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **12/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date

10/11/18

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

City; State; Zip Code

2201 MONTOPOLIS #926 AUSTIN, TX 78741**7** Amount of contribution (\$)**20.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**MICKY MORENO**

Contributor address;

City; State; Zip Code

6803 GALINDO**AUSTIN, TX 78741**

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**JOHN MORENO**

Contributor address;

City; State; Zip Code

6803 GALINDO**AUSTIN, TX 78741**

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**ANDREA CASARES**

Contributor address;

City; State; Zip Code

2121 DICKSON DR # J337**AUSTIN, TX 78704**

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**10/11/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**REEDY SPIGNER****6** Contributor address;

City; State; Zip Code

6605 CARISBROOKE**AUSTIN, TX 78754****7** Amount of contribution (\$)**40.00****8** Principal occupation / Job title (See Instructions)**GRANT MONITOR****9** Employer (See Instructions)**STATE OF TEXAS**

Date

10/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**ANGELICA BENTON-MOLINA**

Contributor address;

City; State; Zip Code

6300 S. CONGRESS #1005 AUSTIN, TX 78745

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/18

Full name of contributor

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

Contributor address;

City; State; Zip Code

919 CALLE LIMON**AUSTIN, TX 78702**

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**TOM RENTERIA JR.**

Contributor address;

City; State; Zip Code

919 CALLE LIMON**AUSTIN, TX 78702**

Amount of contribution (\$)

20.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**10/14/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**ORLANDO RENTERIA****6** Contributor address;

City; State; Zip Code

919 CALLE LIMON**AUSTIN, TX 78702****7** Amount of contribution (\$)**20.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/14/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**CHARISMA GAMEZ**

Contributor address;

City; State; Zip Code

934 SPRINGDALE**AUSTIN, TX 78702**

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**BERTHA WILLIAMS**

Contributor address;

City; State; Zip Code

1112 DESIRBLE DR.**AUSTIN, TX 78721**

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/18

Full name of contributor

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

Contributor address;

City; State; Zip Code

7221 S. STAPLES**CORPUS CHRISTI, TX 78413**

Amount of contribution (\$)

80.00

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.**

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **15/15****2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date**10/19/18****5** Full name of contributor☐ out-of-state PAC (ID#: _____)**ANA RODRIGUEZ****6** Contributor address;

City; State; Zip Code

83 PEDERNALES ST.**AUSTIN, TX 78702****7** Amount of contribution (\$)**50.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/22/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**MICHAEL HERBERT**

Contributor address;

City; State; Zip Code

1301 W. 25TH #545**AUSTIN, TX 78745**

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**M. M. MEISENBACH**

Contributor address;

City; State; Zip Code

1800 SAN GABRIEL**AUSTIN, TX 78701**

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

MUSICIAN

Employer (See Instructions)

SELF

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
10/30/18

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

PEDRO SS SERVICES INC

7 Contributor address; City; State; Zip Code

403 SPRINGDALE RD. AUSTIN, TX 78702

8 Amount of
Contribution \$

100.00

9 In-kind contribution
description

OFFICE SPACE

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
SELF

11 Employer (FOR NON-JUDICIAL) (See Instructions)
SELF

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

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

Amount of
Contribution \$

In-kind contribution
description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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: 1/5		2. FILER NAME SUSANA ALMANZA		3. Filer ID (Ethics Commission Filers)	
4. Date 10/1/18		5. Payee name LUCY RENTERIA			
6. Amount (\$) 50.00		7. Payee address; City; State; Zip Code 1503 WILLOW AUSTIN, TX 78702			
8. PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
9. Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/2/18		Payee name PRINT MAIL PRO			
Amount (\$) 3,128.43		Payee address; City; State; Zip Code 9011 Tuscany Way, Austin, TX 78754			
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		Candidate / Officeholder name		Office sought Office held	
Date 10/3/18		Payee name HEB			
Amount (\$) 58.96		Payee address; City; State; Zip Code 2508 E Riverside Dr, Austin, TX 78741			
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		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: 2/5	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date 10/5/18	5 Payee name TEXAS PARTNERS	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code P.O. BOX 32811 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 10/3/18	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 10/11/18	Payee name PRINT MAIL PRO	
Amount (\$) 838.96	Payee address; City; State; Zip Code 9011 Tuscany Way, Austin, TX 78754	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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: 3/5	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
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4 Date 10/11/18	5 Payee name PRINT MAIL PRO
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6 Amount (\$) 1,495.97	7 Payee address; City; State; Zip Code 9011 Tuscany Way, Austin, TX 78754
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/18	Payee name VISTAPRINT
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Amount (\$) 154.31	Payee address; City; State; Zip Code VISTAPRINT.COM
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/18	Payee name PEGGY VASQUEZ
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Amount (\$) 150.00	Payee address; City; State; Zip Code 2104 ENFIELD #B AUSTIN, TX 78703
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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	Office held
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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: 4/5		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 10/18/18		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		Candidate / Officeholder name		Office sought Office held	
Date 10/22/18		Payee name PRINT MAIL PRO			
Amount (\$) 1,448.22		Payee address; City; State; Zip Code 9011 Tuscany Way, Austin, TX 78754			
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		Candidate / Officeholder name		Office sought Office held	
Date 10/25/18		Payee name SPECTRUM INTERNET			
Amount (\$) 126.91		Payee address; City; State; Zip Code P.O. BOX 60074 CITY OF INDUSTRY, CA 91716			
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		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: 5/5	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/18	5 Payee name DONATEWAY	
6 Amount (\$) 50.90	7 Payee address; City; State; Zip Code P.O. BOX 201367 AUSTIN, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED