

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: <div style="font-size: 2em; text-align: center;">31</div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.2em;">SUSANA</div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em;">ALMANZA</div>			OFFICE USE ONLY	
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="text-align: center; font-size: 1.2em;">6103 LARCH TERRACE AUSTIN TX 78741</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Change of Address </div>			OCC RECEIVED AT DEC 3 '18 PM4:11	
<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="text-align: center; font-size: 1.2em;">(512) 770-7896</div>					
<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.2em;">LIBRADO</div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em;">ALMANZA</div>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="text-align: center; font-size: 1.2em;">4926 EAST CESAR CHAVEZ BLDG. D AUSTIN, TX 78702</div>			Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="text-align: center; font-size: 1.2em;">(737) 717-2108</div>			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.2em;">LIBRADO</div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em;">ALMANZA</div>			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="text-align: center; font-size: 1.2em;">4926 EAST CESAR CHAVEZ BLDG. D AUSTIN, TX 78702</div>			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="text-align: center; font-size: 1.2em;">(737) 717-2108</div>			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 10 / 28 / 2018 </div> <div>THROUGH</div> <div> Month Day Year 12 / 01 / 2018 </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 12 / 11 / 2018 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special RUNOFF </div> </div>				
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)

\$ 22,558.72

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 12,192.83

CONTRIBUTION
BALANCE

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

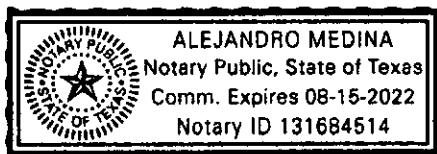
\$ 11,907.32

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 3rd day of December, 2018, to certify which, witness my hand and seal of office.

Ahmad Mahi

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****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	\$ 22,558.72
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 12,192.83
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:
1/10**2** FILER NAME
SUSANA ALMANZA**3** Filer ID (Ethics Commission Filers)**4** Date
10/28/18**5** Full name of contributor ☐ out-of-state PAC (ID#:
LESLIE FIELDS**7** Amount of contribution (\$)

330.00

6 Contributor address; City; State; Zip Code

1366 E. STREET NE WASHINGTON, DC 20002

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

SIERRA CLUB

Date
11/01/18**Full name of contributor** ☐ out-of-state PAC (ID#:
LUIS GUERRA**Amount of contribution (\$)**

100.00

Contributor address; City; State; Zip Code

1808 KERR AVE AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**
11/12/18**Full name of contributor** ☐ out-of-state PAC (ID#:
ED WENDLER**Amount of contribution (\$)**

350.00

Contributor address; City; State; Zip Code

4803 BALCONES DR. AUSTIN, TX 78731

Principal occupation / Job title (See Instructions)**Employer (See Instructions)**

REAL ESTATE

SELF

Date
11/12/18**Full name of contributor** ☐ out-of-state PAC (ID#:
CORY WALTON**Amount of contribution (\$)**

100.00

Contributor address; City; State; Zip Code

1701 BOULDIN AVE. AUSTIN TX 78704

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:
2/10**2** FILER NAME

SUSANA ALMANZA

3 Filer ID (Ethics Commission Filers)**4** Date
11/12/18**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

MIKE LAVIGNE

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

1514 RICHCREEK RD AUSTIN TX 78757

8 Principal occupation / Job title (See Instructions)

PUBLIC RELATIONS CONSULTANT

9 Employer (See Instructions)

SELF

Date
11/12/18**Full name of contributor**☐ out-of-state PAC (ID#: _____)

RAND WILSON

Amount of contribution (\$)

27.01

Contributor address;

City; State; Zip Code

3 LESTER TERRACE SOMERVILLE MA 2144

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/12/18**Full name of contributor**☐ out-of-state PAC (ID#: _____)

BETSY GREENBERG

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

3009 WASHINGTON SQ AUSTIN TX 78705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/13/18**Full name of contributor**☐ out-of-state PAC (ID#: _____)

DAVID KING

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

1808 KERR ST. AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

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:
3/10**2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date
11/13/18**5** Full name of contributor
RICHARD & BEKI HALPIN☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)**56.05****6** Contributor address; City; State; Zip Code**1707 STONE LEDGE CR. AUSTIN TX 78736****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
11/13/18**Full name of contributor**
FRED MCGHEE☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)****200.00****Contributor address; City; State; Zip Code****2316 THRASHER LN AUSTIN TX 78741****Principal occupation / Job title (See Instructions)****ARCHAEOLOGIST****Employer (See Instructions)****SELF****Date**
11/15/18**Full name of contributor**
TIM MAHONEY☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)****25.00****Contributor address; City; State; Zip Code****P.O. BOX 1544 AUSTIN TX 78768****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/14/18**Full name of contributor**
JOHN MITCHELL☐ out-of-state PAC (ID#: _____)**Amount of contribution (\$)****200.00****Contributor address; City; State; Zip Code****5405 AURORA DRIVE AUSTIN TX 78856****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****RETIRED****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:
4/10**2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date
11/19/18**5** Full name of contributor☐ out-of-state PAC (ID#: _____)**BILL ALESHIRE****7** Amount of contribution (\$)**350.00****6** Contributor address;

City; State; Zip Code

3605 SHADY VALLEY DR. AUSTIN TX 78739**8** Principal occupation / Job title (See Instructions)**LAWYER****9** Employer (See Instructions)**ALESHIRE LAW PC****Date**
11/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**SCOTT SWEARINGEN**

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1900 FORESTGLADE AUSTIN TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/20/18

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 COVE AUSTIN TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**AMANDA MASINO**

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1416 KENWOOD AVE AUSTIN TX 78704

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:
5/10**2** FILER NAME

SUSANA ALMANZA

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

11/20/18

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

JAMES DUNCAN

7 Amount of contribution (\$)

350.00

6 Contributor address;

City; State; Zip Code

11405 PRADERA DRIVE AUSTIN TX 78759

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

DUNCAN ASSOCIATES

Date

11/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

THEODORE SMITH

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

465 SOUTH 15TH ST. SAN JOSE CA 95112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/26/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KAREN HADDEN

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

605 CARISMATIC LANE AUSTIN TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/27/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JAMES CASEY

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7202 WHISPERING WINDS DR AUSTIN TX

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:
6/10**2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date
11/28/18**5** Full name of contributor☐ out-of-state PAC (ID#: _____)**MARISA PERALES****6** Contributor address;

City; State; Zip Code

2104 WILLOW ST.**AUSTIN TX 78702****7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
11/28/18**Full name of contributor**☐ out-of-state PAC (ID#: _____)**ROB RICHARDSON****Contributor address;****City; State; Zip Code****2104 WILLOW ST.****AUSTIN TX 78702****Amount of contribution (\$)****25.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/28/18**Full name of contributor**☐ out-of-state PAC (ID#: _____)**ELIOT TRETTER****Contributor address;****City; State; Zip Code****11804 DANVILLE DRIVE****ROCKVILLE MD 20852****Amount of contribution (\$)****100.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/30/18**Full name of contributor**☐ out-of-state PAC (ID#: _____)**THE GREATER ATX-NWPC PAC****Contributor address;****City; State; Zip Code****P.O. BOX 30094****AUSTIN TX 78755****Amount of contribution (\$)****150.00****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:
7/10**2** FILER NAME

SUSANA ALMANZA

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

11/13/18

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

CENTRAL MACHINE OPERATING CO., LLC

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

4713 E. CESAR CHAVEZ AUSTIN TX 78702

8 Principal occupation / Job title (See Instructions)

SELF

9 Employer (See Instructions)

CENTRAL MACHINE OPERATING CO., LLC

Date
11/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SUSAN SPATARO

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

6628 HASWELL LN AUSTIN TX 78749

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

11/14/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JAMES JACK

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

2008 B RABB GLEN ST. AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

ARCHITECT

Employer (See Instructions)

SELF EMPLOYED

Date

11/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHARLOTTE HERZELE

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

3916 AVENUE H AUSTIN TX 78751

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:
8/10**2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date

11/15/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)**MEGAN & ALBERT MEISENBACH****6** Contributor address; City; State; Zip Code**1800 SAN GABRIEL ST. AUSTIN TX 78701****7** Amount of contribution (\$)**600.00****8** Principal occupation / Job title (See Instructions)**RETIRED****9** Employer (See Instructions)**RETIRED**

Date

11/9/18

Full name of contributor

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

Contributor address; City; State; Zip Code

7309 SHADYWOOD DR. AUSTIN TX 78745

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

11/16/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**WILLIAM SPIESMAN**

Contributor address; City; State; Zip Code

6700 CLAY AVENUE AUSTIN TX 78758

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

11/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)**RED BLUFF PARTNERS LLC**

Contributor address; City; State; Zip Code

4713 E CESAR CHAVEZ AUSTIN TX 78702

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

RED BLUFF PARTNERS LLC

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:
9/10**2** FILER NAME**SUSANA ALMANZA****3** Filer ID (Ethics Commission Filers)**4** Date
11/14/18**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
BARBARA MCARTHUR**7** Amount of contribution (\$)**200.00****6** Contributor address; City; State; Zip Code**5700 CLAY AVE AUSTIN TX 78756****8** Principal occupation / Job title (See Instructions)**RETIRED****9** Employer (See Instructions)**RETIRED****Date**
11/14/18**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
ELAINE BARBER**Amount of contribution (\$)****50.00****Contributor address; City; State; Zip Code****902 GARDNER RD #21 AUSTIN TX 78721****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
11/26/18**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
LAUREN ROSS**Amount of contribution (\$)****350.00****Contributor address; City; State; Zip Code****1405 HILLMONT ST. AUSTIN TX 78704****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****RETIRED****RETIRED****Date**
11/18/18**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
CLAUDETTE DAYWOOD**Amount of contribution (\$)****5.00****Contributor address; City; State; Zip Code****3310 GARDEN VILLAGE LN AUSTIN TX 78704****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: 10/10
2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)
4 Date 11/26/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CITY OF AUSTIN FAIR CAMPAIGN FUND 6 Contributor address; City; State; Zip Code 201 W. CESAR CHAVEZ AUSTIN TX 78701	7 Amount of contribution (\$) 15,490.66
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.		

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: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11/16/18	5 Payee name HEB
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6 Amount (\$) 126.91	7 Payee address; City; State; Zip Code 2508 E RIVERSIDE DRIVE AUSTIN, TX 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE OFFICE SUPPLIES	(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 10/29/18	Payee name LUCY RENTERIA
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Amount (\$) 100.00	Payee address; City; State; Zip Code 1503 WILLOW AUSTIN TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	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 10/30/18	Payee name Ampro Signs
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Amount (\$) 645.17	Payee address; City; State; Zip Code 7202 Smokey Hill Rd, Austin, TX 78736
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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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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: 18		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/18		5 Payee name WELLS FARGO			
6 Amount (\$) 14.00		7 Payee address; City; State; Zip Code 1825 S Pleasant Valley Rd, Austin, TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANKING FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/02/18		Payee name TIME WARNER WEST / SPECTRUM			
Amount (\$) 125.41		Payee address; City; State; Zip Code 1000 E 41st St Suite 920 Suite 920, Austin, TX 78751			
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 INTERNET/ PHONE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/05/18		Payee name PEDRO HERNANDEZ JR			
Amount (\$) 160.00		Payee address; City; State; Zip Code SUENA DR. AUSTIN TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		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
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: 18	2 FILER NAME SUSANA ALMANZA	3 Filer ID (Ethics Commission Filers)
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4 Date 11/05/18	5 Payee name LUCY RENTERIA
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6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code 1503 WILLOW AUSTIN TX 78702
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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
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Date 11/07/18	Payee name LISA ROMERO
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Amount (\$) 70.00	Payee address; City; State; Zip Code
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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
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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 11/07/18	Payee name LUCY RENTERIA
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Amount (\$) 100.00	Payee address; City; State; Zip Code 1503 WILLOW AUSTIN TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	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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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: 16		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 11/08/18		5 Payee name PEDRO HERNANDEZ JR.			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code SUENA DR. AUSTIN, TX 78741			
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	
Date 11/19/18		Payee name CRICKET WIRELESS			
Amount (\$) 75.00		Payee address; City; State; Zip Code 2205 E 7th St Ste 102, Austin, TX 78702			
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	
Date 11/13/18		Payee name HEB			
Amount (\$) 47.68		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) FOOD/BEVERAGE EXPENSE 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	

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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: 10		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/18		5 Payee name VISTA PRINT			
6 Amount (\$) 1,008.67		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 11/19/18		Payee name THOMAS GRAPHICS			
Amount (\$) 487.13		Payee address; City; State; Zip Code			
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 Office held	
Date 11/19/18		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) WEB HOSTING		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
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: 18		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/18		5 Payee name THOMAS GRAPHICS			
6 Amount (\$) 503.36		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) GRAPHIC DESIGN		(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 11/10/18		Payee name AUSTIN UTILITIES			
Amount (\$) 47.68		Payee address; City; State; Zip Code 1800 Lavaca St, Austin, TX 78701			
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 UTILITIES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/26/18		Payee name ALONZO'S TACOS			
Amount (\$) 54.94		Payee address; City; State; Zip Code 907 Montopolis Dr, Austin, TX 78741			
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
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: 18		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 11/16/18		5 Payee name KARA RAMSAY			
6 Amount (\$) 1,500.00		7 Payee address; City; State; Zip Code 3800 CREEK ROAD DRIPPING SPRINGS, TX 78620			
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	
Date 11/19/18		Payee name JAMES BANES			
Amount (\$) 500.00		Payee address; City; State; Zip Code 711 Scarlet Ibis San Antonio Tx 78245			
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 11/28/18		Payee name KARA RAMSAY			
Amount (\$) 1,700.00		Payee address; City; State; Zip Code 3800 CREEK ROAD DRIPPING SPRINGS, TX 78620			
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

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: 18		2 FILER NAME SUSANA ALMANZA		3 Filer ID (Ethics Commission Filers)	
4 Date 11/17/18		5 Payee name TEXAS PARTNERS			
6 Amount (\$) 1,500.00		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	
Date 11/28/18		Payee name MICHAEL ALBA			
Amount (\$) 80.00		Payee address; City; State; Zip Code 2008 WILLOW ST AUSTIN, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		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 11/28/18		Payee name CHRISTOPHER RAMON			
Amount (\$) 80.00		Payee address; City; State; Zip Code 9602 CAPITOL VIEW DR. AUSTIN TX 78747			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		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

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: **18** 2 FILER NAME **Susana Almanza** 3 Filer ID (Ethics Commission Filers)

4 Date **11/23/18** 5 Payee name **Angela Artiga**

6 Amount (\$) **150.00** 7 Payee address; City; State; Zip Code **1809 E. 4th Austin, TX 78702**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Contract Labor** (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11/23/18** Payee name **Larissa Garza**

Amount (\$) **150.00** Payee address; City; State; Zip Code **1809 E. 4th Austin TX 78702**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Contract Labor** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11/23/18** Payee name **Megan Kramm**

Amount (\$) **45.00** Payee address; City; State; Zip Code **1700 Teri Rd. Austin TX 78744**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Contract Labor** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 18		2 FILER NAME Susana Almanza		3 Filer ID (Ethics Commission Filers)	
4 Date 11/23/18		5 Payee name Kely Perez			
6 Amount (\$) 35.00		7 Payee address; City; State; Zip Code 2515 E. 3rd 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/23/18		Payee name Desiree Segovia			
Amount (\$) 200.00		Payee address; City; State; Zip Code 6925 Colorado High Ave. Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		Candidate / Officeholder name		Office sought Office held	
Date 11/26/18		Payee name Pedro Hernandez Jr.			
Amount (\$) 100.00		Payee address; City; State; Zip Code Swena dr. Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		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: 18		2 FILER NAME Susana Almanza		3 Filer ID (Ethics Commission Filers)	
4 Date 11/26/18		5 Payee name Zalyssa Ochoa			
6 Amount (\$) 40.00		7 Payee address; City; State; Zip Code 6603 Branchwood Austin, TX 78744			
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 11/26/18		Payee name Jeanette Alvarado			
Amount (\$) 40.00		Payee address; City; State; Zip Code 2515 E. 3rd Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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 11/26/18		Payee name Adrian Macias			
Amount (\$) 80.00		Payee address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/18	5 Payee name Brandon Perez	
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 5503 Teri Rd. Austin TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contact 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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	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: 18		2 FILER NAME Susana Almanza		3 Filer ID (Ethics Commission Filers)	
4 Date 11/24/18		5 Payee name Angela Artiga			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 1809 E. 4th 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/24/18		Payee name Larissa Garza			
Amount (\$) 100.00		Payee address; City; State; Zip Code 1809 E 4th Austin TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		Candidate / Officeholder name		Office sought Office held	
Date 11/24/18		Payee name Jessica			
Amount (\$) 100.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		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: 18		2 FILER NAME Susana Almanza		3 Filer ID (Ethics Commission Filers)	
4 Date 11/24/18		5 Payee name Lucy Renteria			
6 Amount (\$) 100.00		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/24/18		Payee name Corina Sanchez			
Amount (\$) 100.00		Payee address; City; State; Zip Code 2201 Montopolis #926 Austin TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		Candidate / Officeholder name		Office sought Office held	
Date 11/24/18		Payee name Adrian Macias			
Amount (\$) 100.00		Payee address; City; State; Zip Code 1406 Vargas Rd. Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		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: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
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4 Date 11/24/18	5 Payee name Pedro Hernandez Jr.
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code Suena dr. Austin, TX 78741
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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
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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 11/24/18	Payee name Brandon Perez
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Amount (\$)	Payee address; City; State; Zip Code 5503 Terri Rd. Austin, TX 78744
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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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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: 18	2 FILER NAME Susana Almanza	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/18	5 Payee name Hilario Solis	
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 7814 Old Bee Caves Austin, TX 78735	
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 11/27/18	Payee name Angela Artiga	
Amount (\$) 80.00	Payee address; City; State; Zip Code 1809 E. 4th Austin TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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 11/27/18	Payee name Larrisa Garza	
Amount (\$) 80.00	Payee address; City; State; Zip Code 1809 E. 4th Austin TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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
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: 18		2 FILER NAME Susana Almanza		3 Filer ID (Ethics Commission Filers)	
4 Date 11/27/18		5 Payee name Desiree Segovia			
6 Amount (\$) 80.00		7 Payee address; City; State; Zip Code 6925 Colorado High Ave. Austin TX 78744			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/27/18		Payee name Pedro Hernandez Jr.			
Amount (\$) 80.00		Payee address; City; State; Zip Code Suena dr. Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		Candidate / Officeholder name		Office sought Office held	
Date 11/27/18		Payee name Jeanette Alvarado			
Amount (\$) 80.00		Payee address; City; State; Zip Code 2515 E. 3rd Austin TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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		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: 18		2 FILER NAME Susana Almanza		3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/18		5 Payee name Donateway			
6 Amount (\$) 99.91		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 Fees		(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		Candidate / Officeholder name		Office sought Office held	
Date 11/26/18		Payee name Shell Station			
Amount (\$) 10.15		Payee address; City; State; Zip Code 1211 Montopolis dr. Austin TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel	
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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