

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

Susan Narvaiz for Congress

ADDRESS (number and street) 102 WONDER WORLD DRIVE SUITE 304

PMB 304

Check if different than previously reported. (ACC)

SAN MARCOS

TX

78666

2. **FEC IDENTIFICATION NUMBER**

C C00504332

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

TX

35

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM / DD / YYYY

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2015

through

MM / DD / YYYY 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gail M. Pavlovsky

Signature of Treasurer Gail M. Pavlovsky

[Electronically Filed]

Date

MM / DD / YYYY 04 / 12 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Susan Narvaiz for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 03 / 31 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1000.00	175826.42
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1000.00	175326.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1053.86	166016.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	69.52
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1053.86	165946.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	145.05	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	95043.46	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Susan Narvaiz for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	146167.19
(ii) Unitemized	0.00	19859.78
(iii) TOTAL of contributions from individuals ▶	0.00	166026.97
(b) Political Party Committees.....	0.00	1200.00
(c) Other Political Committees (such as PACs).....	0.00	8384.45
(d) The Candidate	1000.00	215.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1000.00	175826.42
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	69.52
15. OTHER RECEIPTS (Dividends, Interest, etc.)	13.24	4.35
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1013.24	176900.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1053.86	166016.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	50.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1053.86	167566.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	185.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1013.24
25. SUBTOTAL (add Line 23 and Line 24).....	1198.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1053.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	145.05

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 5 OF 15
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Susan Narvaiz for Congress

A. Full Name (Last, First, Middle Initial)
SUSAN NARVAIZ

Mailing Address 102 WONDER WORLD DRIVE SUITE 304
PMB 304

City SAN MARCOS State TX Zip Code 78666

FEC ID number of contributing federal political committee. **C** H2TX35029

Name of Employer Self-employed Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
38135.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 03 / 2015

Transaction ID : SA11D.7365

Amount of Each Receipt this Period
500.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
SUSAN NARVAIZ

Mailing Address 102 WONDER WORLD DRIVE SUITE 304
PMB 304

City SAN MARCOS State TX Zip Code 78666

FEC ID number of contributing federal political committee. **C** H2TX35029

Name of Employer Self-employed Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
38635.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2015

Transaction ID : SA11D.7366

Amount of Each Receipt this Period
500.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Susan Narvaiz for Congress

Full Name (Last, First, Middle Initial) A. A Perfect Office Solution		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address P.O. Box 3647		Amount of Each Disbursement this Period 455.00 Transaction ID : SB17.7384
City Pflugerville	State TX	
Zip Code 78691	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

Full Name (Last, First, Middle Initial) B. A Perfect Office Solution		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address P.O. Box 3647		Amount of Each Disbursement this Period 308.75 Transaction ID : SB17.7385
City Pflugerville	State TX	
Zip Code 78691	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

Full Name (Last, First, Middle Initial) c. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 35.80 Transaction ID : SB17.7371
City American Fork	State UT	
Zip Code 84003-0947	Purpose of Disbursement Bank card fees	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

SUBTOTAL of Disbursements This Page (optional).....	799.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Susan Narvaiz for Congress

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.7372
City American Fork	State UT	
Zip Code 84003-0947	Purpose of Disbursement Bank card fees	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 35.80 Transaction ID : SB17.7375
City American Fork	State UT	
Zip Code 84003-0947	Purpose of Disbursement Bank card charges	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

Full Name (Last, First, Middle Initial) c. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.7378
City American Fork	State UT	
Zip Code 84003-0947	Purpose of Disbursement Bank card fees	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

SUBTOTAL of Disbursements This Page (optional).....	75.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Susan Narvaiz for Congress

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 35.80 Transaction ID : SB17.7380
City American Fork	State UT	
Zip Code 84003-0947	Purpose of Disbursement Bank card fees	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.7381
City American Fork	State UT	
Zip Code 84003-0947	Purpose of Disbursement Bank card fees	Category/ Type 001
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

Full Name (Last, First, Middle Initial) c. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.7374
City Atlanta	State GA	
Zip Code 30318	Purpose of Disbursement Monthly service charge	Category/ Type 004
Candidate Name Susan Narvaiz for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 35	

SUBTOTAL of Disbursements This Page (optional).....	75.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Susan Narvaiz for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MailChimp		M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 30.00
City Atlanta	State GA Zip Code 30318	
Purpose of Disbursement Monthly Service Charge	Category/Type 004	Transaction ID : SB17.7379
Candidate Name Susan Narvaiz for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 35		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MailChimp		M M / D D / Y Y Y Y 03 / 29 / 2015
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 30.00
City Atlanta	State GA Zip Code 30318	
Purpose of Disbursement monthly service fee	Category/Type 004	Transaction ID : SB17.7383
Candidate Name Susan Narvaiz for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 35		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	1011.15

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6402

Susan Narvaiz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

SUSAN NARVAIZ

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

102 WONDER WORLD DRIVE SUITE 304
PMB 304

City State ZIP Code
SAN MARCOS TX 78666

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 8000.00 2000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 15 / Y 2014 M M / D D / Y Y Y Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Susan Narvaiz for Congress** Transaction ID : **SC/10.6403**

LOAN SOURCE Full Name (Last, First, Middle Initial) SUSAN NARVAIZ	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 102 WONDER WORLD DRIVE SUITE 304 PMB 304	

City	State	ZIP Code
SAN MARCOS	TX	78666

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 18 / 2014		0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Susan Narvaiz for Congress** Transaction ID : **SC/10.6411**

LOAN SOURCE Full Name (Last, First, Middle Initial)
SUSAN NARVAIZ

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 102 WONDER WORLD DRIVE SUITE 304
 PMB 304

City State ZIP Code
 SAN MARCOS TX 78666

Original Amount of Loan 9000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 08 / D 18 / Y 2014
 Date Due: M / D / Y
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 9000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7135

Susan Narvaiz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

SUSAN NARVAIZ

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

102 WONDER WORLD DRIVE SUITE 304
PMB 304

City State ZIP Code
SAN MARCOS TX 78666

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3000.00 0.00 3000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 3000.00
TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Susan Narvaiz for Congress** Transaction ID : **SC/10.7170**

LOAN SOURCE Full Name (Last, First, Middle Initial) SUSAN NARVAIZ	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 102 WONDER WORLD DRIVE SUITE 304 PMB 304	

City	State	ZIP Code
SAN MARCOS	TX	78666

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 24 / Y 2014	M / D / Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Susan Narvaiz for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSAN NARVAIZ		Nature of Debt (Purpose): Expense Reimbursement Set Up Office, Supplies, Testing The Waters
Mailing Address 102 WONDER WORLD DRIVE SUITE 304 PMB 304		
City State	Zip Code	
SAN MARCOS TX	78666	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4106	
14496.13		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	14496.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nexus		Nature of Debt (Purpose): Printing
Mailing Address 101 Thermon Drive		
City State	Zip Code	
San Marcos TX	78666	

Outstanding Balance Beginning This Period	Transaction ID : SD10.6199	
431.23		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	431.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sedona Staffing Services		Nature of Debt (Purpose): Staffing Services
Mailing Address 600 - 35th Avenue		
City State	Zip Code	
Moline IL	61265	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5151	
60116.10		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	60116.10

1) SUBTOTALS This Period This Page (optional)	75043.46
2) TOTALS This Period (last page this line number only)	75043.46
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	20000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	95043.46