

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Susan Narvaiz for Congress

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

	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))....	0.00	8100.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	8050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	756.35	17408.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	32.30	71.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	724.05	17337.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	47.91	
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).....	77990.81	

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	7100.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	7100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	8100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	32.30	71.06
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.09	1.60
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32.39	8172.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	756.35	17408.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(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	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	756.35	17458.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	771.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32.39
25. SUBTOTAL (add Line 23 and Line 24).....	804.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	756.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	47.91

**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 5 OF 8
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. IContact Corporation		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 5221 Paramount Pkwy, Suite 200		Amount of Each Disbursement this Period 51.70
City Morrisville State NC Zip Code 27560	Purpose of Disbursement Contact Management Services	
Candidate Name	Category/Type	Transaction ID : SB17.6265
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:		

Full Name (Last, First, Middle Initial) B. IContact Corporation		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2013
Mailing Address 5221 Paramount Pkwy, Suite 200		Amount of Each Disbursement this Period 51.70
City Morrisville State NC Zip Code 27560	Purpose of Disbursement Contact Management Services	
Candidate Name	Category/Type	Transaction ID : SB17.6266
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:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 22.98
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Accounting Software	
Candidate Name	Category/Type	Transaction ID : SB17.6261
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).....	126.38
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 6 OF 8			
	<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. Millan & Company		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013
Mailing Address 823 Congress Avenue Suite 707		Amount of Each Disbursement this Period 600.00
City Austin State TX Zip Code 78701	Category/Type	
Purpose of Disbursement Accounting Services	Candidate Name	Transaction ID : SB17.6267
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:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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).....	600.00
TOTAL This Period (last page this line number only).....	726.38

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 8
	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 Bragg Consulting Group	Nature of Debt (Purpose): Fundraising consulting
Mailing Address 1801 Lavaca, Ste 106	
City State Zip Code Austin TX 78701	

Outstanding Balance Beginning This Period 7679.00	Transaction ID : SD10.4371	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7679.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Macias Strategies	Nature of Debt (Purpose): Robo Calls
Mailing Address 31540 Smithson Valley Road	
City State Zip Code Bulverde TX 78163	

Outstanding Balance Beginning This Period 1704.17	Transaction ID : SD10.6198	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1704.17

C. 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 8060.31	Transaction ID : SD10.4106	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8060.31

1) SUBTOTALS This Period This Page (optional)	17443.48
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Susan Narvaiz for Congress

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	60547.33
2) TOTALS This Period (last page this line number only)	77990.81
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	77990.81