

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

03

04

2014

in the State of

TX

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2014

through

02

12

2014

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

02

20

2014

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: / / 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))....	2600.00	14185.00
(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)).....	2600.00	14135.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3460.24	29620.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	71.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3460.24	29549.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	420.96	
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).....	79320.81	

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).....	2600.00	9700.00
(ii) Unitemized.....	0.00	350.00
(iii) TOTAL of contributions from individuals ▶	2600.00	10050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	3135.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2600.00	14185.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	6500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	6500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	71.06
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.14	1.77
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2600.14	20757.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3460.24	29620.98
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) ►	3460.24	29670.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1281.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2600.14
25. SUBTOTAL (add Line 23 and Line 24).....	3881.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3460.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	420.96

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

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

FOR LINE NUMBER: PAGE 5 OF 10
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Jill Holt

Mailing Address 415 Vineyard Lane

City Calsbad State NM Zip Code 88220

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

Name of Employer BES Rentals & Sales Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11Al.6323

Amount of Each Receipt this Period
 2600.00

B. 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

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).....

2600.00

2600.00

**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 10			
	<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. Dropbox		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 185 Berry Street 4th Floor		Amount of Each Disbursement this Period 9.99
City San Francisco	State CA	
Zip Code 94107	Purpose of Disbursement Data Storage	Transaction ID : SB17.6320
Candidate Name	Category/Type	
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. Gulf Direct, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address P.O. Box 142646		Amount of Each Disbursement this Period 2706.25
City Austin	State TX	
Zip Code 78714	Purpose of Disbursement Precinct Analysis	Transaction ID : SB17.6325
Candidate Name	Category/Type	
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. Millan & Company		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 823 Congress Avenue Suite 1330		Amount of Each Disbursement this Period 744.00
City Austin	State TX	
Zip Code 78701	Purpose of Disbursement Accounting Services	Transaction ID : SB17.6319
Candidate Name	Category/Type	
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).....	3460.24
TOTAL This Period (last page this line number only).....	3460.24

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/10.6277

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
500.00 0.00 500.00

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)..... 500.00
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/10.6293**

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 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 12 / D 19 / Y 2013
 Date Due: M / D / Y Y Y 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).....	6000.00
TOTALS This Period (last page in this line only).....	6500.00

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 9 OF 10
	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 2509.00	Transaction ID : SD10.4371	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2509.00

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)	12273.48
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)	72820.81
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	6500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	79320.81