

# 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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 L. Edward Bolton

Signature of Treasurer L. Edward Bolton

[Electronically Filed]

Date

/  /

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								
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**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))....	1000.00	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)).....	1000.00	8050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	640.27	16652.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	38.76	38.76
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	601.51	16613.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	771.87	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1000.00	8100.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	38.76	38.76
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.07	1.51
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1038.83	8140.27

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	640.27	16652.51
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	640.27	16702.51

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	373.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1038.83
25. SUBTOTAL (add Line 23 and Line 24).....	1412.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	640.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	771.87

**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 9
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input 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)  
**TEXANS FOR LAMAR SMITH**

Mailing Address **PO BOX 6155**

City **SAN ANTONIO** State **TX** Zip Code **78209**

FEC ID number of contributing federal political committee. **C C00197160**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**04 / 01 / 2013**

**Transaction ID : SA11C.6243**

Amount of Each Receipt this Period  
**1000.00**

**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

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

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 9
	<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) <b>A. IContact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 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 service	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6249</b>
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>B. IContact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 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 service	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6252</b>
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>c. Millan &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 823 Congress Avenue Suite 707		Amount of Each Disbursement this Period 290.26
City Austin State TX Zip Code 78701	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6256</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	393.66
<b>TOTAL</b> 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 9	
	<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) <b>A. Pak Mail Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2013
Mailing Address 102 Wonder World, Suite 304		Amount of Each Disbursement this Period 96.00
City San Marcos State TX Zip Code 78666	Purpose of Disbursement PO Box Rental	
Candidate Name	Category/Type	Transaction ID : SB17.6257
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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	96.00
<b>TOTAL</b> This Period (last page this line number only).....	489.66

**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 <b>Bragg Consulting Group</b>	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	<b>Transaction ID : SD10.4371</b>	
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 <b>Macias Strategies</b>	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	<b>Transaction ID : SD10.6198</b>	
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 <b>SUSAN NARVAIZ</b>	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	<b>Transaction ID : SD10.4106</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8060.31

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	17443.48
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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 <b>Nexus</b>	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 <b>Sedona Staffing Services</b>	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) <b>SUBTOTALS</b> This Period This Page (optional) .....	60547.33
2) <b>TOTALS</b> This Period (last page this line number only) .....	77990.81
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	77990.81