

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00123456

**2 PAGE #**  
1 of 9

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST MI  
Susannah  
NICKNAME LAST SUFFIX  
Susie Byrd

**OFFICE USE ONLY**

Date Received  
Date Hand-delivered or Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

CITY CLERK DEPT.  
JUL 15 PM 1:55

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2701 Louisville  
El Paso, TX 79930

Change of Address

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Esther  
NICKNAME LAST SUFFIX  
Perez

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
10724 Chert St.  
El Paso, TX 79924

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION

**8 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH -FR)

**9 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
05/01/2009 07/15/2009

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  
05/09/2009  Primary  Runoff  General  Special

**11 OFFICE**

OFFICE HELD (if any)  
City Council Representative  
District 2

**12 OFFICE SOUGHT (if known)**  
City Council Representative  
District 2

**13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name  
Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.

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FORM C/OH

COVER SHEET PG 2

14 C/OH NAME Byrd, Susannah

15 ACCOUNT # (Ethics Commission filers)  
00123456

### 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

### 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	80.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,470.00
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### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	179.85
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4. TOTAL POLITICAL EXPENDITURES	\$	7,451.72
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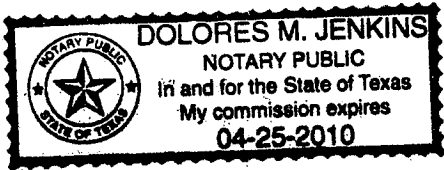
### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,721.17
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### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 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.

*Susannah Byrd*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 15<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.

*Dolores M. Jenkins*  
Signature of officer administering oath

Dolores M. Jenkins  
Print name of officer administering oath

*Notary*  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/9	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date  05/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nordell, Leonard and Nancy  6 Contributor address; City; State; Zip Code 5160 Memory Drive El Paso, TX 79932	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raba-Kistner PAC Inc.  Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio, TX 78269	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saab, Richard  Contributor address; City; State; Zip Code 5713 Pebble Beach Drive El Paso, TX 79912	Amount of contribution (\$)  \$130.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saab, Robert  Contributor address; City; State; Zip Code 707 Myrtle Avenue El Paso, TX 79901	Amount of contribution (\$)  \$130.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saab, William  Contributor address; City; State; Zip Code 700 Camino Real El Paso, TX 79922	Amount of contribution (\$)  \$130.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 6/9
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456
4 Date  06/06/2009	5 Payee name Alta Vista Optimist Club  6 Payee address; City; State; Zip Code 3501 Morenci Road El Paso, TX 79903	7 Amount (\$)  \$148.00
8 Purpose of payment (See instructions regarding type of information required.) One ticket to 60 anniversary dinner plus annual dues  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/03/2009	Payee name AUS Services  Payee address; City; State; Zip Code 2020 Mills Avenue El Paso, TX 79901	Amount (\$)  \$1,282.29
Purpose of payment (See instructions regarding type of information required.) Political mailing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/26/2009	Payee name Bat Pack Baseball  Payee address; City; State; Zip Code 11613 Pratt El Paso, TX 79936	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Baseball team sponsorship  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/09/2009	Payee name Chop Shop  Payee address; City; State; Zip Code 500 West Overland El Paso, TX 79901	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Payment to Radio la Chusma for playing election night party  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/4 Report: 7/9
<b>2</b> FILER NAME Byrd, Susannah		<b>3</b> ACCOUNT # (Ethics Commission filers) 00123456
<b>4</b> Date  05/14/2009	<b>5</b> Payee name Chop Shop  <b>6</b> Payee address; City; State; Zip Code 500 West Overland El Paso, TX 79901	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Payment for labor in assembling band for election night party  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/09/2009	Payee name Doubletree Hotel  Payee address; City; State; Zip Code 113 West Missouri El Paso, TX 79901	Amount (\$)  \$2,568.15
Purpose of payment (See instructions regarding type of information required.) Election Night party rental and food  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/10/2009	Payee name Doubletree Hotel  Payee address; City; State; Zip Code 113 West Missouri El Paso, TX 79901	Amount (\$)  \$92.40
Purpose of payment (See instructions regarding type of information required.) Election Night party rental and food  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/14/2009	Payee name Geronimo Design  Payee address; City; State; Zip Code 2101 Texas Avenue El Paso, TX 79901	Amount (\$)  \$1,029.81
Purpose of payment (See instructions regarding type of information required.) final mailer printing and design  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

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SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/4 Report: 8/9
<b>2</b> FILER NAME Byrd, Susannah		<b>3</b> ACCOUNT # (Ethics Commission filers) 00123456
<b>4</b> Date	<b>5</b> Payee name Holland, Edward	<b>7</b> Amount (\$)
06/07/2009	<b>6</b> Payee address; City; State; Zip Code 2701 Louisville El Paso, TX 79930	\$220.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimburse for campaign cell phone expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Larkin, Sofia	Amount (\$)
05/18/2009	Payee address; City; State; Zip Code 213 Canyon Terrace El Paso, TX 79902	\$147.22
Purpose of payment (See instructions regarding type of information required.) Reimburse for printing, design and mailing of election night invites  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Memphis Youth Performing Arts Association	Amount (\$)
06/03/2009	Payee address; City; State; Zip Code 1779 Kirby Parkway, #1-93 Memphis, TN 38138	\$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsored Oscar Ortiz from El Paso High for Memphis Sound Drum and Bugle Corp  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Moore, Julie	Amount (\$)
05/15/2009	Payee address; City; State; Zip Code  Austin, TX	\$4.00
Purpose of payment (See instructions regarding type of information required.) gifts for party planners  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/4 Report: 9/9
<b>2</b> FILER NAME Byrd, Susannah		<b>3</b> ACCOUNT # (Ethics Commission filers) 00123456
<b>4</b> Date  05/15/2009	<b>5</b> Payee name Moore, Julie  ----- <b>6</b> Payee address; City; State; Zip Code  Austin, TX	<b>7</b> Amount (\$)  \$85.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) gifts for party planners  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/09/2009	Payee name Rodriguez, Dora  ----- Payee address; City; State; Zip Code 1404 Monte Negro El Paso, TX 79935	Amount (\$)  \$175.00
Purpose of payment (See instructions regarding type of information required.) Food and delivery to poll sitters  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/07/2009	Payee name Women's Fund of El Paso  ----- Payee address; City; State; Zip Code P.O. Box 221374 El Paso, TX 79913	Amount (\$)  \$120.00
Purpose of payment (See instructions regarding type of information required.) Purchase of two tickets for fundraiser  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: