

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)

2 Total pages filed:

19

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

SUSAN

F.

AUSTIN

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

6205 PINEHURST

EL PASO, TEXAS 79912

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

581-3164

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DAVID

M

AUSTIN

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6205 PINEHURST

EL PASO, TEXAS 79912

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

525-9040

9 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)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

07 / 01 / 2005

12 / 31 / 2003

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

CITY REPRESENTATIVE, DIST. 1

13 OFFICE SOUGHT (if known)

14 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

2001 JAN 15 PM 1 46
 CITY CLERK DEPARTMENT

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Susan F. Austin **16 ACCOUNT #** (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

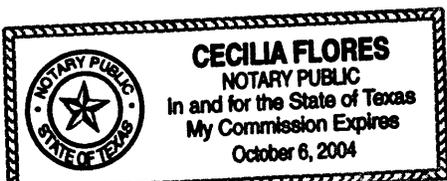
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

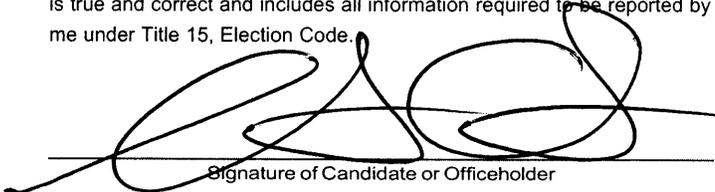
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,950 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 2,604 —
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,604 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,964.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 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.



CECILIA FLORES
NOTARY PUBLIC
In and for the State of Texas
My Commission Expires
October 6, 2004



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan F. Austin, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Cecilia Flores
Printed name of officer administering oath: Cecilia Flores
Title of officer administering oath: Notary Public

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A:
1 of 10

2 FILER NAME *SUSAN F. AUSTIN* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/11/2003</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE DIAP</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 1736 EL PASO TX 79949</i>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>12/11/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN SANCHEE</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1000 E. OVERLAND, EL PASO, TX 79901</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>12/2/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CAROLE H. McCOTTER</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1560 BLAKE ST. No. 708 DENVER, CO. 80202-1322</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>12/19/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EUGENIO S. MESTA</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>721 GARY LANE EL PASO, TEXAS 79922</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>12/12/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANCIS F. BARNWELL-AXELSON</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6006 BALCONES VILLA 23 EL PASO, TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2 of 10	
2 FILER NAME SUSAN F. AUSTIN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/11/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUGLAS A. SCHWARTZ	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 13611 EL PASO, TEXAS 79913-3611			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT L. Y JAN SUMRALL	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5504 VENTANA DEL SOL DR. EL PASO, TEXAS 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVICE WOODS WINDLE	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6148 PINO REAL EL PASO, TEXAS 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINTON A. DEAN, JR.	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4212 O'KEEFE EL PASO, TX 79902			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOBE-PAC	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code #1 McKELLIGAN CANYON RD. EL PASO, TX 79930			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 10	
2 FILER NAME Susan F. Austin		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/1/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley P. Joe	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1 McKelligon Canyon Rd. El Paso, TX 79930			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/4/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann C. Brown	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6501 La Cadena El Paso, TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RABA-KISTNER PAC, Inc.	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio, TX 78629-0287			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp Smith	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 221 North Kansas, Ste. 1700 El Paso, TX 79901-1441			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip J. Rothstein	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6120 Los Felinos Cir. El Paso, TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>4 of 10</i>	
2 FILER NAME <i>SUSAN F. AUSTIN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/11/2003</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN W. NEAL, JR.</i>	7 Amount of contribution (\$) <i>\$200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6525 LOMA DE CRISTO DR. EL PASO, TX 79912</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/9/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY R. HEDRICK</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>608 WILLOW GREEN EL PASO, TX 79922</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/11/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FLORENCE J. BUENMUELLER</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5817 VIA CUESTA EL PASO, TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/11/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARGARITA LICON</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5604 EAGLE POINT ST. EL PASO, TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/11/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOMAS CARDENAS</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5901 POMONA CT. EL PASO, TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>5 of 10</i>	
2 FILER NAME <i>Susan F. Austin</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/11/2003</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Williams Family Living Trust</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5711 Mira Grande Dr. El Paso, TX 79912</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/2/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tizney J. Yeltes</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>925 Mc Kellison El Paso, TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/2/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RISNER S. GILBERT</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>615 E. HAGUE El Paso, TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/11/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILLEN & JOHN KARLSRUNER</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>717 DULCE TIERRA DR. El Paso, TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/24/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONRAD CONDE</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3117 DEVILS TOWER CIR El Paso, TX 79904</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6 of 10	
2 FILER NAME Susan F. Austin		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F. W. Gorman, Jr.	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1606 DEDE EL PASO, TX 79902			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL J. HUTTON	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1020 MADELINE EL PASO, TX 79902			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELEN W. KNOPP	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5756 BOX ELDER EL PASO, TX 79932			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOLANDA GAINER	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9012 McFALL DR. EL PASO, TX 79925			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAAREL L. DAVIS	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 606 COEUR D'ALOUVE EL PASO, TX 79922			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>7 of 10</i>	
2 FILER NAME <i>Susan F. Austin</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/11/2003</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veronica K. Callaghan</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 3705 El Paso, TX 79923-3705</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <i>12/11/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary R. Haynes</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3605 CHARLOT Way El Paso, TX 79902-1907</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>12/11/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRY G. BILDERBACK</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1345 DESERT CANYON DR. EL PASO, TX 79912-7690</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>12/11/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHARI S. SCHWARTZ</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1025 SINKING HILLS EL PASO, TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>12/11/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARBARA FORESTER COLEMAN</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>455 CASTLE AVE. EL PASO, TX 79912-5007</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 8 of 10	
2 FILER NAME Susan F. Austin		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/11/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL G. WHITE	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 913 LAS THOMAS WAY EL PASO, TX 79912-1844			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN J. GORDON	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 808 WINGFOOTE EL PASO, TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURENCE J. PETERSON	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5805 VIA COSTA DR. EL PASO, TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. & MRS. CLAYTON H. DEAN	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6006 BALLEONES CT. No 32 EL PASO, TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Burtal	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 720 WALTHAM CT. EL PASO, TX 79922			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9 of 10	
2 FILER NAME Susan F. Austin		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/11/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) ROBERT G. NEILL, JR.	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 901 Mesita Dr. El Paso, TX 79902			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 12/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) SUZANNE ALEXANDER DIAP	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 55 El Paso, TX 79940			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 12/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) RAMIRO GUZMAN	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10216 Buckwood El Paso, TX 79925			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 12/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) JAMES & JOANNE HARTWEGEN	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6509 Camino Fuente Dr. El Paso, TX 79912-2405			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) HENRY B. ELLIS	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 179 El Paso, TX 79942-0179			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>10 of 10</i>	
2 FILER NAME <i>SUSAN F. AUSTIN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/11/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TEXAS GAS PAC</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/11/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CLEMENCIA & LUIS PRIGTO</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/30/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PETER & MARINA FELIX</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1 of 3

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/4/03

5 Payee name

SUSAN F. AUSTIN

7 Amount (\$)

\$552.36

6 Payee address; City; State; Zip Code

*6205 PINENEURST
EL PASO, TEXAS 79912*

8 Purpose of payment (See instructions regarding type of information required.)

EXPENSE REIMBURSEMENT

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

8/25/03

Payee name

FIESTA DE LAS FLORES

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

EL PASO, TEXAS

Purpose of payment (See instructions regarding type of information required.)

SENIOR CITIZEN DANCE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

8/25/03

Payee name

MEXICAN AMERICAN BARR ASSOCIATION

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

EL PASO, TEXAS

Purpose of payment (See instructions regarding type of information required.)

DINNER BANQUET

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

8/21/03

Payee name

SANDI KAHN

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

*6412 LA CADEJA
EL PASO, TEXAS 79912*

Purpose of payment (See instructions regarding type of information required.)

PALM PILOT SUPPLIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
2 of 3

2 FILER NAME **Susan F. Austin** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/22/03	5 Payee name SOROPTIMISTS	7 Amount (\$) \$50.00
6 Payee address; City; State; Zip Code EL PASO, TEXAS		

8 Purpose of payment (See instructions regarding type of information required.) Community - DONATION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 10/5/03	Payee name AUSA BRADLY AWARD	Amount (\$) \$25.00
Payee address; City; State; Zip Code EL PASO, TEXAS		

Purpose of payment (See instructions regarding type of information required.) Community - DONATION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/24/03	Payee name CARLOS VASQUEZ - WESTSIDE PAR	Amount (\$) \$98.11
Payee address; City; State; Zip Code EL PASO, TEXAS		

Purpose of payment (See instructions regarding type of information required.) Pride Day picnic supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/14/03	Payee name 2003 St. BARBARA'S Day Ball	Amount (\$) \$30.00
Payee address; City; State; Zip Code Ft. BLISS, TEXAS		

Purpose of payment (See instructions regarding type of information required.) DINNER BANQUET	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 3
2 FILER NAME SUSAN F. AUSTIN		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/25/03	5 Payee name SUSAN F. AUSTIN	7 Amount (\$) \$569.18
6 Payee address; City; State; Zip Code 6205 PINEHURST EL PASO, TEXAS 79912		
8 Purpose of payment (See instructions regarding type of information required.) EXPENSE REIMBURSEMENT		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/11/03	Payee name SAXON'S	Amount (\$) \$856.30
Payee address; City; State; Zip Code 4749 N. MOSA EL PASO, TEXAS 79912		
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN FUNDRAISER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/03	Payee name U.S. POST OFFICE	Amount (\$) \$23.05
Payee address; City; State; Zip Code EL PASO, TEXAS 79912		
Purpose of payment (See instructions regarding type of information required.) POSTAGE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <i>1 OF 4</i>
2 FILER NAME <i>SUSAN F. AUSTIN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/15/2003</i>	5 Payee name <i>KERN PLACE MARKET</i> 6 Payee address; City; State; Zip Code <i>2609 N. MESA EL PASO, TX. 79902</i>	8 Amount (\$) <i>29.74</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>OFFICE HOLDER - SPECIAL EVENT</i>	
Date <i>7/25/03</i>	Payee name <i>CAMINO REAL - CBA</i> Payee address; City; State; Zip Code <i>EL PASO, TEXAS 79901</i>	Amount (\$) <i>\$10.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>CBA LUNCHEON</i>	
Date <i>9/20/03</i>	Payee name <i>CAMINO REAL - CBA</i> Payee address; City; State; Zip Code <i>EL PASO, TEXAS 79901</i>	Amount (\$) <i>\$10.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>CBA LUNCHEON</i>	
Date <i>10/15/03</i>	Payee name <i>CAMINO REAL - CBA</i> Payee address; City; State; Zip Code <i>EL PASO, TEXAS 79901</i>	Amount (\$) <i>\$10.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>CBA LUNCHEON</i>	
Date <i>10/20/03</i>	Payee name <i>ANDERTSONS</i> Payee address; City; State; Zip Code <i>EL PASO, TEXAS 79912</i>	Amount (\$) <i>\$33.66</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>EPA MEETING</i>	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <i>2 of 4</i>
2 FILER NAME <i>Susan F. Austin</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/1/03</i>	5 Payee name <i>STARS</i> 6 Payee address; City; State; Zip Code <i>EL PASO, TEXAS</i>	8 Amount (\$) <i>\$25.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>RACE AWARENESS - COMMUNITY</i>	
Date <i>11/21/03</i>	Payee name <i>OFFICE DEPOT</i> Payee address; City; State; Zip Code <i>8701 GATEWAY WEST EL PASO, TEXAS 79925</i>	Amount (\$) <i>\$73.18</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>OFFICE SUPPLIES - INVITES</i>	
Date <i>11/21/03</i>	Payee name <i>OFFICE MAX</i> Payee address; City; State; Zip Code <i>655F SUNLAND PARK DRIVE EL PASO, TEXAS 79912</i>	Amount (\$) <i>\$23.80</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>OFFICE SUPPLIES - INVITES</i>	
Date <i>11/21/03</i>	Payee name <i>SAM'S CLUB</i> Payee address; City; State; Zip Code <i>EL PASO, TEXAS 79912</i>	Amount (\$) <i>\$45.24</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>OFFICE SUPPLIES</i>	
Date <i>11/22/03</i>	Payee name <i>U.S. POST OFFICE</i> Payee address; City; State; Zip Code <i>EL PASO, TEXAS 79912</i>	Amount (\$) <i>\$111.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>POSTAGE</i>	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

3 of 4

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/23/09

5 Payee name

OFFICE MAX

6 Payee address; City; State; Zip Code

655 F SUNLAND PARK
EL PASO, TEXAS 79912

8 Amount (\$)

\$82.12

7 Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES - INVITES

Reimbursement from political contributions intended

Date

11/23/09

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

801 SUNLAND PARK DE., STAGE B
EL PASO, TEXAS 79912

Amount (\$)

\$42.60

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

11/24/09

Payee name

WALGREENS

Payee address; City; State; Zip Code

EL PASO, TEXAS 79912

Amount (\$)

\$10.78

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES

Reimbursement from political contributions intended

Date

11/1/09

Payee name

SAM'S CLUB

Payee address; City; State; Zip Code

EL PASO, TEXAS 79912

Amount (\$)

\$62.06

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES

Reimbursement from political contributions intended

Date

12/02/09

Payee name

SAM'S CLUB

Payee address; City; State; Zip Code

EL PASO, TEXAS 79912

Amount (\$)

\$23.01

Purpose of expenditure (See instructions regarding type of information required.)

FUNDRAISER SUPPLIES

Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

4 of 4

2 FILER NAME

Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/12/03

5 Payee name

Dorsey's Cards & Gifts

6 Payee address; City; State; Zip Code

E. Paso, TEXAS 79912

8 Amount (\$)

\$19.45

7 Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES - THANK YOU NOTES

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

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