

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: 8</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: _____ FIRST: SUSAN MI: _____ NICKNAME: _____ LAST: AUSTIN SUFFIX: F.</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received: _____</p> <p>Date Hand-delivered or Date Postmarked: _____</p> <p>Receipt #: _____ Amount: _____</p> <p>Date Processed: _____</p> <p>Date Imaged: _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 6205 PINEHURST EL PASO, TEXAS 79912</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE: (915) PHONE NUMBER: 581-3164 EXTENSION: _____</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: _____ FIRST: DAVID MI: _____ NICKNAME: _____ LAST: AUSTIN SUFFIX: M.</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 6205 PINEHURST EL PASO, TEXAS 79912</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE: (915) PHONE NUMBER: 525-9040 EXTENSION: _____</p>		
<p>9 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</p> <p><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year 01 / 01 / 2004 06 / 30 / 2004</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year / / </p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) CITY REPRESENTATIVE, DIST. 1</p>	<p>13 OFFICE SOUGHT (if known)</p>	
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages</p>	<p>** 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. **</p> <p>Name: _____</p> <p>Address / PO Box; Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Susan F. Austin

16 ACCOUNT # (L 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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)

\$ 800⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4,299.51

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

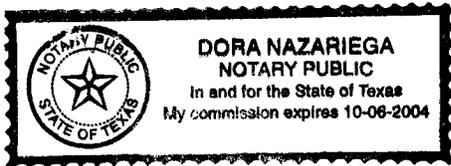
\$ 7,464.67

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.

[Handwritten Signature]
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 July, 2004, to certify which, witness my hand and seal of office.

Dora Nazariaga Dora Nazariaga Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/1/04

5 Full name of contributor out-of-state PAC (ID#: _____)

JOSE FONG

7 Amount of contribution (\$)

\$500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3800 N. MESA EL PASO 79902

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/04

Full name of contributor out-of-state PAC (ID#: _____)

DOLORES BRIONES (CAMPAIGN)

Amount of contribution (\$)

\$150⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

601 W. YANDELL #11 EL PASO 79902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/04

Full name of contributor out-of-state PAC (ID#: _____)

GERRY LEWIS

Amount of contribution (\$)

\$150⁰⁰

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 out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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 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
1/2/04

5 Payee name
PARTNERS IN PROGRESS
6 Payee address; City; State; Zip Code
EL PASO, TEXAS

7 Amount (\$)
\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.)
CONTRIBUTION - BOND CAMPAIGN

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
1/12/04

Payee name
Salute Inc.
Payee address; City; State; Zip Code
EL PASO, TEXAS 79901

Amount (\$)
\$100.00

Purpose of payment (See instructions regarding type of information required.)
DINNER - RAY PEARSON TRIBUTE

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
1/22/04

Payee name
LEASUC OF WOMEN VOTERS
Payee address; City; State; Zip Code
EL PASO, TEXAS

Amount (\$)
\$75.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
1/28/04

Payee name
U.S. POSTMASTER
Payee address; City; State; Zip Code
EL PASO, TEXAS

Amount (\$)
\$663.10

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

** 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 filors)

4 Date 1/30/04	5 Payee name H+H DINERO TREE	7 Amount (\$) \$339.99
6 Payee address; City; State; Zip Code 9020 MAYFLOWER EL PASO, TEXAS 79925		

8 Purpose of payment (See instructions regarding type of information required.) MAIL HANDLING - BOND	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/31/04	Payee name COMMISSION FOR WOMEN	Amount (\$) \$75.00
Payee address; City; State; Zip Code 1808 NEIL ARMSTRONG EL PASO, TX 79936		

Purpose of payment (See instructions regarding type of information required.) BANQUET - INDUCTION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/18/04	Payee name UNITED BLOOD SERVICE	Amount (\$) \$1,000.00
Payee address; City; State; Zip Code EL PASO, TEXAS		

Purpose of payment (See instructions regarding type of information required.) GAZA DINNER	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/25/04	Payee name KCAN PEACE ASSOCIATION	Amount (\$) \$40.00
Payee address; City; State; Zip Code EL PASO, TEXAS		

Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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:
3 of 3

2 FILER NAME
SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/1/04

5 Payee name
PDX PRINTING
6 Payee address; City; State; Zip Code
100 PORFIRIO DIAZ EL PASO, TX 79902

7 Amount (\$)
\$186.42

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
4/28/04

Payee name
CORONADO HIGH SCHOOL HONOR SOCIETY
Payee address; City; State; Zip Code
EL PASO, TX 79912

Amount (\$)
\$10.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
3/31/04

Payee name
DOLORES BRIONES CAMPAIGN
Payee address; City; State; Zip Code
601 W. YANDELL #11 EL PASO, TX 79902

Amount (\$)
\$250.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

DOLORES BRIONES COUNTY JUDGE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 2

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/16/04

5 Payee name

CAMINO REAL

6 Payee address; City; State; Zip Code

101 S. EL PASO ST. EL PASO TX 79901

8 Amount (\$)

\$10⁰⁰

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

CBA LUNCHEON

Reimbursement from political contributions intended

Date

2/2/04

Payee name

KEEP EL PASO BEAUTIFUL

Payee address; City; State; Zip Code

EL PASO, TEXAS

Amount (\$)

\$20⁰⁰

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

SUBSCRIPTION

Reimbursement from political contributions intended

Date

2/3/04

Payee name

EL PASO COUNTY ELECTIONS DEPT

Payee address; City; State; Zip Code

500 E. SAN ANTONIO, EL PASO, TX 79901

Amount (\$)

\$20⁰⁰

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

ELECTION REPORT

Reimbursement from political contributions intended

Date

2/3/04

Payee name

EL PASO COUNTY ELECTIONS DEPT

Payee address; City; State; Zip Code

500 E. SAN ANTONIO, EL PASO, TX 79901

Amount (\$)

\$50⁰⁰

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

ELECTION REPORT

Reimbursement from political contributions intended

Date

2/17/04

Payee name

FRANKLIN MTS. WILDERNESS COALITION

Payee address; City; State; Zip Code

EL PASO, TEXAS

Amount (\$)

25⁰⁰

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

MEMBERSHIP

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 of 2

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/04

5 Payee name

LEAGUE OF WOMEN VOTERS

6 Payee address; City; State; Zip Code

EL PASO, TEXAS

8 Amount (\$)

\$35.00

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

GALA DINNER

Reimbursement from political contributions intended

Date

5/6/04

Payee name

PHI ALPHA DELTA

Payee address; City; State; Zip Code

EL PASO, TEXAS

Amount (\$)

\$25.00

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

SCHOLARSHIP BANQUET

Reimbursement from political contributions intended

Date

6/11/04

Payee name

BRIDGE CENTER FOR CONTEMPORARY ARTS

Payee address; City; State; Zip Code

EL PASO, TEXAS

Amount (\$)

\$50.00

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

FUNDRAISER

Reimbursement from political contributions intended

Date

8/04

Payee name

TARGET

Payee address; City; State; Zip Code

SUNLAND PARK DR. EL PASO, TX 79912

Amount (\$)

108.87

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

AWARD
CAMPAIGN GIFTS - BOND

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED