Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# 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: 26

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: SUSAN | MI: F.
NICKNAME | LAST: AUSTIN | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 6205 PINEHURST EL PASO 79912

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (915) | PHONE NUMBER: 541-4886 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: DAVID | MI: M.
NICKNAME | LAST: AUSTIN | SUFFIX

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: (915) | PHONE NUMBER: 525-9040 | EXTENSION

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: 04 / 29 / 2005 THROUGH Month Day Year: / /

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

CITY CLERK DEPT. 05 MAY 27 AM 9:

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 #** (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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

CITY CLERK DEPT.
05 MAY 27 AM 9:19

| | | | |
|---|---|---|---|
| **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) | $ 11,700.00 |
| **EXPENDITURE TOTALS** | 3. | TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ — |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 22,976.27 |
| **CONTRIBUTION BALANCE** | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 7,397.59 |
| **OUTSTANDING LOAN TOTALS** | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ — |

**19 AFFIDAVIT**

MARIA G. RICHMAN
NOTARY PUBLIC
In and for the State of Texas
My commission expires
07-26-2008

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Susan F. Austin, this the 27th day of May, 2005, to certify which, witness my hand and seal of office.

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 of 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/05 | Enrique Escobar<br>4145 River Bend Dr.<br>El Paso, Texas 79922 | $500.00 | |

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/05 | Carlos Ahumada<br>7005 McNutt Rd.<br>Anthony, NM 88021 | $500.00 | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/05 | Robert F. Foster<br>1790 Lee Trevino, Ste. 601<br>El Paso, Texas 79936 | $1,000.00 | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/7/05 | James A. Faser<br>6208 Pinehurst<br>El Paso, Texas 79912 | $250.00 | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/8/05 | Jennis Jones Nickey<br>5725 Oak Cliff Dr.<br>El Paso, Texas 79912 | $200.00 | |

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.**

05 MAY 27 AM 9:20
CITY CLERK DEPT.

# 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 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/5/05 | ☐ out-of-state PAC (ID#: ) Tomas & Carmen Cardenas, 5901 Pomona Ct., El Paso, Texas 79912 | $400.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/2/05 | ☐ out-of-state PAC (ID#: ) M. Nicole Adame, 764 Dahlia Ct., El Paso, Texas 79922 | $100.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/2/05 | ☐ out-of-state PAC (ID#: ) E. Kirk Neely, 575 Cresta Vista Ln., Portola Valley, CA 94028 | $250.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/05 | ☐ out-of-state PAC (ID#: ) Scott M. Schwartz, 619 Camino Real, El Paso, Texas 79922 | $1,000.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/05 | ☐ out-of-state PAC (ID#: ) Timothy C. Foster, 1790 Lee Trevino, Ste. 601, El Paso, Texas 79936 | $1,000.00 | |

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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05 MAY 27 AM 9:20

# 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 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/05 | Geoffrey Wright<br>2112 Murchison<br>El Paso, Texas 79930 | $75.00 | |

| 9 Principal occupation / Job title (See Instructions) | 10 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) |
|---|---|---|---|
| 5/2/05 | Elizabeth Jane Vann<br>7012 Tolnca Dr.<br>El Paso, Texas 79912 | $100.00 | |

| 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) |
|---|---|---|---|
| 5/10/05 | Eileen & John Karlsruher<br>35 Sun Point Lane<br>El Paso, Texas 79912 | $500.00 | |

| 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) |
|---|---|---|---|
| 5/9/05 | Barbara & Barry Coleman<br>455 Castile Ave.<br>El Paso, Texas 79912 | $100.00 | |

| 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) |
|---|---|---|---|
| 5/10/05 | W.R. & Carena Suarez<br>612 Spring Crest Drive<br>El Paso, Texas 79912 | $100.00 | |

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

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05 MAY 27 AM 9:20

CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4 of 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/9/05 | Harold & Mary Austin<br>407 Candlelight Cove<br>Fredericksburg, Texas 78624 | $500.00 | |

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/16/05 | Scott PAC<br>1100 Chase Tower<br>El Paso, Texas 79901 | $500.00 | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/05 | Susan & Michael Patten<br>1405 Pearl River Dr.<br>Flower Mound, Texas 75028 | $100.00 | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/19/05 | Les Parker<br>125 Mesa Hills Drive<br>El Paso, Texas 79912 | $100.00 | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/18/05 | Louis M. & Laura K. Alpern<br>4171 N. Mesa, Bldg. D, Ste. 100<br>El Paso, Texas 79902 | $250.00 | |

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.**

05 MAY 27 AM 9:20

CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5 of 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/18/05 | Evonne Rockwell Georges<br>6520 Brook Ridge Cir.<br>El Paso, Texas 79912 | $100.00 | |

| 9 Principal occupation / Job title (See Instructions) | 10 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) |
|---|---|---|---|
| 5/18/05 | Craig & Janet Fortune<br>1213 Cerrito Grande Ln.<br>El Paso, Texas 79912 | $50.00 | |

| 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) |
|---|---|---|---|
| 5/18/05 | Nancy & J. Crawford Kerr<br>2018 N. Florence<br>El Paso, Texas 79902 | $50.00 | |

| 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) |
|---|---|---|---|
| 5/17/05 | T. Jeffreys Mitchiner<br>265 Hidden Crest<br>El Paso, Texas 79912 | $100.00 | |

| 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) |
|---|---|---|---|
| 5/13/05 | J. Michael & Vicki Lee Adkins<br>728 Rosinante<br>El Paso, Texas 79922 | $200.00 | |

| 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.**

05 MAY 27 AM 9:20

CITY CLERK DEPT.

# 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 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/16/05 | Col (Ret) Ira & Joan Dodge<br>56 Sun Points Lane<br>El Paso, Texas 79912 | $100.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/18/05 | Dr. & Mrs. John Uxer<br>6404 Westwind<br>El Paso, Texas 79912 | $100.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/17/05 | Irving J. Brown<br>200 Bartlett, Ste. 105<br>El Paso, Texas 79912 | $100.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/20/05 | F. W. Gorman, Sr.<br>1606 Dede<br>El Paso, Texas 79902 | $100.00 | |

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

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/20/05 | Mrs. Jim R. Phillips<br>900 Thunderbird Dr.<br>El Paso, Texas 79912 | $100.00 | |

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.**

05 MAY 27 AM 9:20

CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 7 of 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributer ☐ out-of-state PAC (ID#: ) / 6 Contributer address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/19/05 | Gary Porras<br>4606 Memphis<br>El Paso, Texas 79903 | $500.00 | |

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

| Date | Full name of contributer ☐ out-of-state PAC (ID#: ) / Contributer address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/19/05 | Katherine Brennand<br>6006 N. Mesa, Ste. 105<br>El Paso, Texas 79912 | $500.00 | |

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

| Date | Full name of contributer ☐ out-of-state PAC (ID#: ) / Contributer address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/19/05 | Chris A. Cummings<br>6006 N. Mesa, Ste. 105<br>El Paso, Texas 79912 | $500.00 | |

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

| Date | Full name of contributer ☐ out-of-state PAC (ID#: ) / Contributer address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/19/05 | James Robert Boggs<br>800 Escalon Way<br>El Paso, Texas 79912 | $100.00 | |

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

| Date | Full name of contributer ☐ out-of-state PAC (ID#: ) / Contributer address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/18/05 | Jon R. Boomer<br>1017 Singing Hill Dr.<br>El Paso, Texas 79912 | $50.00 | |

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

05 MAY 27 AM 9:20

CLERK DEBT

**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: 8 of 9

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/18/05 | INA S. & IRWIN S. KURLAND<br>858 BROADMOOR<br>EL PASO, TEXAS 79912 | $100.00 | |

9 Principal occupation / Job title (See Instructions):

10 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) |
|---|---|---|---|
| 5/24/05 | MANUELA B. HERNANDEZ<br>616 ROSINANTE RD.<br>EL PASO, TEXAS 79922 | $100.00 | |

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) |
|---|---|---|---|
| 5/21/05 | HARRY L. DAVIS II<br>606 COVER D'ALENE<br>EL PASO, TEXAS 79922 | $200.00 | |

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) |
|---|---|---|---|
| 5/22/05 | MARK C. WALKER<br>749 LOS MIRADORES DR.<br>EL PASO, TEXAS 79912 | $100.00 | |

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) |
|---|---|---|---|
| 5/20/05 | DELGADO, ACOSTA, BRADEN & JONES, P.C.<br>221 N. KANSAS, STE. 2000<br>EL PASO, TEXAS 79901 | $250.00 | |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

05 MAY 27 AM 9:20

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

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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 9

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/16/05 | Linebarger Goggan Blair & Sampson LLP<br>P.O. Box 17428<br>Austin, Texas 78760 | $500.00 | |

| 9 Principal occupation / Job title (See Instructions) | 10 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) |
|---|---|---|---|
| 5/25/05 | Robert H. Hoy, Sr. | $100.00 | |

| 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) |
|---|---|---|---|
| 5/25/05 | Tim & Patti Gallegly | $100.00 | |

| 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) |
|---|---|---|---|
| 5/25/05 | Jim & Gina Roe Davis | $75.00 | |

| 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) |
|---|---|
| | |

05 MAY 27 AM 9:20
CITY SECRETARY OFFICE

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 12

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 4/29/05 | Susan F. Austin<br>6205 Pinehurst<br>El Paso, Texas 79912 | $1,895.47 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/29/05 | H & H Dinero Tree<br>9020 Mayflower<br>El Paso, Texas 79925 | $847.21 |

Purpose of payment (See instructions regarding type of information required.): Postage & Handling

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/29/05 | H & H Dinero Tree<br>9020 Mayflower<br>El Paso, Texas 79925 | $127.16 |

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 / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/6/05 | Sam's Club<br>El Paso, Texas 79912 | 28.88 |

Purpose of payment (See instructions regarding type of information required.): Refreshments - Election Day

•• 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: 2 of 12

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/15/05 | Sam's Club<br>El Paso, Texas 79912 | $312.96 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/9/05 | Francisco Gonzalez<br>El Paso, Texas 79912 | 32.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - ELECTION DAY

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/07/05 | Allen Roman<br>El Paso, Texas 79912 | $40.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - ELECTION DAY

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/7/05 | Brian Spears<br>El Paso, Texas 79912 | $40.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - ELECTION DAY

•• 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 12

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/1/05 | SAMANTHA NELSON<br>EL PASO, TEXAS 79912 | $40.00 |

8 Purpose of payment (See instructions regarding type of information required.): LABOR - ELECTION DAY

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/1/05 | RACHEL LEDLER<br>EL PASO, TEXAS 79912 | $32.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - ELECTION

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/1/05 | PAIGE CARDONA<br>EL PASO, TEXAS 79912 | $36.00 |

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/1/05 | DENISSE ALVAREZ<br>EL PASO, TEXAS 79912 | $32.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - ELECTION

" 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: 4 of 12

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/9/05 | MITHOFF BURTON PARTNERS<br>4105 RIO BRAVO<br>EL PASO, TEXAS 79902 | $3,092.25 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/10/05 | MITHOFF BURTON PARTNERS<br>4105 RIO BRAVO<br>EL PASO, TEXAS 79902 | $400.00 |

Purpose of payment (See instructions regarding type of information required.): MATERIALS CHARGE - WSP ADS

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/11/05 | MITHOFF BURTON PARTNERS<br>4105 RIO BRAVO<br>EL PASO, TEXAS 79902 | $750.00 |

Purpose of payment (See instructions regarding type of information required.): AGENCY FEE -

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/11/05 | MITHOFF BURTON PARTNERS<br>4105 RIO BRAVO<br>EL PASO, TEXAS 79902 | $4,025.49 |

Purpose of payment (See instructions regarding type of information required.): BROCHURE / POSTAGE

** 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: 5 of 12

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/11/05 | Mithoff Burton Partners<br>4105 Rio Bravo<br>El Paso, Texas 79902 | $1,824.00 |

8 Purpose of payment (See instructions regarding type of information required.): Outdoor - Billboards

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/16/05 | Party World<br>5044 Doniphan<br>El Paso, Texas 79932 | $702.01 |

Purpose of payment (See instructions regarding type of information required.): Tables/Chairs - Phone Bank

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/18/05 | Mithoff Burton Partners<br>4105 Rio Bravo<br>El Paso, Texas 79902 | $448.20 |

Purpose of payment (See instructions regarding type of information required.): El Paso Inc ID - Runoff

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/18/05 | Mithoff Burton Partners<br>4105 Rio Bravo<br>El Paso, Texas 79902 | $354.15 |

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

•• 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: 6 of 12

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/18/05 | PROCESSING PLUS<br>6412 LA CADENA<br>EL PASO, TEXAS 79912 | $500.00 |

8 Purpose of payment (See instructions regarding type of information required.): CONTRACT LABOR/MAILING

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/17/05 | H-H DINERO TREE<br>9020 MAYFLOWER<br>EL PASO, TEXAS 79925 | 256.79 |

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/17/05 | H-H DINERO TREE<br>9020 MAYFLOWER<br>EL PASO, TEXAS 79925 | 54.13 |

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/18/05 | SBC<br>4111 MARCONI AVE. ROOM 212<br>SACRAMENTO, CA 95821 | 1,440.00 |

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

•• 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: 7 of 12

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/20/05 | LOUISE SULLIVAN<br>EL PASO, TEXAS 79912 | $200.00 |

8 Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | LYNNE DALTON<br>EL PASO, TEXAS 79912 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | ANTONIO CARBAJAL<br>EL PASO, TEXAS 79912 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | MARIA RAMOS<br>EL PASO, TEXAS 79912 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

•• 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: 8 of 12

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/20/05 | ALICIA PEREZ<br>EL PASO, TEXAS 79912 | $200.00 |

8 Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | SHONA ANDERSON<br>EL PASO, TEXAS 79912 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | JOSE HERNANDEZ<br>EL PASO, TEXAS 79912 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | AMANDA GUTIERREZ<br>EL PASO, TEXAS 79912 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

** 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: 9 of 12

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/20/05 | CLINTON SANDERS<br>EL PASO, TEXAS 79912 | $200.00 |

8 Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | ROBERT GOMEZ<br>EL PASO, TEXAS 79912 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | ANGIE LOPEZ<br>EL PASO, TEXAS 79912 | $160.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | SIMONE McNAIR<br>EL PASO, TEXAS 79912 | $32.00 |

Purpose of payment (See instructions regarding type of information required.): LABOR - PHONE BANK

** 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: 10 of 12

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/20/05 | Cody Wolgamuth<br>El Paso, Texas 79912 | $210.00 |

8 Purpose of payment (See instructions regarding type of information required.): Labor - Phone Bank

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | Heather Benko<br>El Paso, Texas 79912 | $205.00 |

Purpose of payment (See instructions regarding type of information required.): Labor - Phone Bank

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/20/05 | Rachel Thomas<br>El Paso, Texas 79912 | $64.00 |

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/23/05 | USPS<br>Remcon<br>El Paso, Texas 79912 | 231.6 |

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

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11 of 12

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/24/05 | Mithoff Burton Partners<br>4105 Rio Bravo<br>El Paso, Texas 79902 | $448.20 |

8 Purpose of payment (See instructions regarding type of information required.): El Paso Inc. AD - Runoff

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/25/05 | USPS<br>Downtown Station<br>El Paso, Texas 79901 | $161.00 |

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/16/05 | SBC<br>El Paso, Texas | $97.35 |

Purpose of payment (See instructions regarding type of information required.): Installation - Phone Bank

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 5/25/05 | Synergy Park<br>4100 Rio Bravo<br>El Paso, Texas 79902 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required.): Rent - Phone Bank

•• 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: 12 of 12

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 5/25/05 | Ken Kenyon<br>4037 Emory Rd.<br>El Paso, Texas 79922 | 176.42 |

| 8 Purpose of payment (See instructions regarding type of information required.) | 9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held |
|---|---|
| Expenses - Phone Bank | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

| 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 |
|---|---|
| | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

| 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 |
|---|---|
| | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

| 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: 1 of 3

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) / Reimbursement from political contributions intended |
|---|---|---|---|
| 4/29/05 | GEPCC<br>10 Civic Center Plaza,<br>El Paso, Texas 79901 | State of the Military Luncheon | $20.00 ✓ |
| 4/30/05 | Taco Cabana<br>Store #216<br>El Paso, Texas 79912 | Refreshments - Volunteers | $27.52 ✓ |
| 5/6/05 | Albertsons<br>Mesa & Resler<br>El Paso, Texas 79912 | Water - Election Day | $11.91 ✓ |
| 5/6/05 | Home Depot<br>7545 N. Mesa<br>El Paso, Texas 79912 | Sign materials | $37.64 ✓ |
| 4/29/05 | USPS<br>Coronado Station<br>El Paso, Texas 79912 | Postage | $25.00 ✓ |

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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: 2 of 3

2 FILER NAME: SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) / Reimbursement from political contributions intended |
|---|---|---|
| 5/11/05 | USPS<br>Downtown Station<br>El Paso, Texas 79901<br>Postage | $222.00<br>☑ Reimbursement from political contributions intended |
| 5/11/05 | Wal Mart<br>Mesa @ ~~Crossroads~~ Remcon<br>El Paso, Texas 79912<br>Stationery/Envelopes | $4.07<br>☑ Reimbursement from political contributions intended |
| 5/23/05 | Walgreens<br>5900 N. Mesa<br>El Paso, Texas 79912<br>Refreshments - Phone Bank | $11.12<br>☑ Reimbursement from political contributions intended |
| 5/25/05 | Sam's Club<br>Mesa @ Crossroads<br>El Paso, Texas 79912<br>Post cards/Labels/Refreshments - Phone | $79.01<br>☑ Reimbursement from political contributions intended |
| 5/25/05 | USPS<br>Coronado Station<br>El Paso, Texas 79912<br>Postage | $230.00<br>☑ 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: 3 of 3

2 FILER NAME: Susan F. Austin

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) / Reimbursement from political contributions intended |
|---|---|---|
| 5/25/05 | FedEx Kinkos<br>4190 N. Mesa<br>El Paso, Texas 79902<br>Reproduction - Postcards | $34.81<br>☑ Reimbursement from political contributions intended |
| 4/30/05 | Office Max<br>655 F Sunland Park Drive<br>El Paso, Texas 79912<br>Printer Cartridges | $60.07<br>☑ Reimbursement from political contributions intended |
| | | ☐ Reimbursement from political contributions intended |
| | | ☐ Reimbursement from political contributions intended |
| | | ☐ Reimbursement from political contributions intended |

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