

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00123456	2 PAGE # 1 of 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Susannah	MI
	NICKNAME Susie	LAST Byrd	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	2701 Louisville El Paso, TX 79930		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Esther	MI
	NICKNAME	LAST Perez	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		
	10724 Chert St. El Paso, TX 79924		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<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)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year		Month Day Year
	04/09/2009		05/09/2009
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	05/09/2009		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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		

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Re-marked

Receipt # Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
 09 MAY - 1 AM 10:51

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Byrd, Susannah

15 ACCOUNT # (Ethics Commission filers)
00123456

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 93.71

4. TOTAL POLITICAL EXPENDITURES \$ 10,494.00

CONTRIBUTION BALANCE

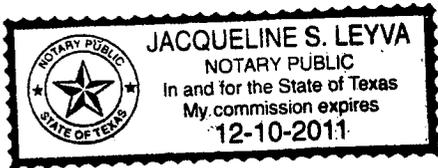
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5,702.89

OUTSTANDING LOAN TOTALS

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

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Susannah Byrd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 1st day of May, 20 09, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva Jacqueline S. Leyva Notary
Signature of officer administering oath Print 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 PAGE #
Schedule: 3/6 Report: 5/11

2 FILER NAME Byrd, Susannah

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
04/09/2009 Fleager, Richard and Yvonne

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
196 Cactus Pointe
El Paso, TX 79912

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/19/2009 Francis, L. Frederick

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 3739
El Paso, TX 79923

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Bank of the West

Date Full name of contributor out-of-state PAC (ID# _____)
04/17/2009 Gibson and Dow, Michael and Pauline

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
521 Texas Avenue
El Paso, TX 79901

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney and Educator

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/16/2009 Guerrero, Sergio and Rosa

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3815 Savannah
El Paso, TX 79930

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/09/2009 Gutierrez, Hector and Debbie

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1035 Calle Flor Place
El Paso, TX 79912

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/6 Report: 6/11

2 FILER NAME Byrd, Susannah

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
04/09/2009 Hedrick, Gary and Leanne

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

04/09/2009

6 Contributor address; City; State; Zip Code
608 Willow Glen
El Paso, TX 79922

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/12/2009 Hoy Jr., Robert

Amount of contribution (\$) In-kind contribution description (if applicable)

04/12/2009

Contributor address; City; State; Zip Code
1122 Airway Boulevard
El Paso, TX 79925

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/20/2009 Marcus, Meyer and Melinda

Amount of contribution (\$) In-kind contribution description (if applicable)

04/20/2009

Contributor address; City; State; Zip Code
6500 Montana Ave
El Paso, TX 79925

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/09/2009 Miracle, Rocky and Sarah

Amount of contribution (\$) In-kind contribution description (if applicable)

04/09/2009

Contributor address; City; State; Zip Code
6203 Franklin Hawk Avenue
El Paso, TX 79912

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/09/2009 Sanders, Gary and Amy

Amount of contribution (\$) In-kind contribution description (if applicable)

04/09/2009

Contributor address; City; State; Zip Code
264 Puesta del Sol
El Paso, TX 79912

\$100.00

(If travel outside of Texas, complete Schedule T)

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 PAGE # Schedule: 6/6 Report: 8/11	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date 04/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Villegas, Jessie, Luis, Hendry, Mary and Joe 6 Contributor address; City; State; Zip Code 3531 Aurora El Paso, TX 79930	7 Amount of contribution (\$) \$75.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warach, Robert Contributor address; City; State; Zip Code 7300 Viscount, Suite 101 El Paso, TX 79925	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 04/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Scott Contributor address; City; State; Zip Code 7139 Westover Drive El Paso, TX 79912	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 9/11
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456
4 Date 04/14/2009	5 Payee name AUS Services 6 Payee address; City; State; Zip Code 2020 Mills Avenue El Paso, TX 79901	7 Amount (\$) \$1,780.93
8 Purpose of payment (See instructions regarding type of information required.) Political mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/16/2009	Payee name AUS Services Payee address; City; State; Zip Code 2020 Mills Avenue El Paso, TX 79901	Amount (\$) \$846.14
Purpose of payment (See instructions regarding type of information required.) Political mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/24/2009	Payee name AUS Services Payee address; City; State; Zip Code 2020 Mills Avenue El Paso, TX 79901	Amount (\$) \$1,739.55
Purpose of payment (See instructions regarding type of information required.) Political mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/29/2009	Payee name Doubletree Hotel Payee address; City; State; Zip Code 113 West Missouri El Paso, TX 79901	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) Deposit towards Election Night party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 10/11

2 FILER NAME Byrd, Susannah

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date	5 Payee name Geronimo Design	7 Amount (\$)
04/18/2009	6 Payee address; City; State; Zip Code 2101 Texas Avenue El Paso, TX 79901	\$2,628.34

8 Purpose of payment (See instructions regarding type of information required.) Design and printing of mailer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Geronimo Design	Amount (\$)
04/30/2009	Payee address; City; State; Zip Code 2101 Texas Avenue El Paso, TX 79901	\$947.34

Purpose of payment (See instructions regarding type of information required.) Postcard printing and design (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Geronimo Design	Amount (\$)
04/30/2009	Payee address; City; State; Zip Code 2101 Texas Avenue El Paso, TX 79901	\$773.99

Purpose of payment (See instructions regarding type of information required.) T shirt printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Green Leaf Pedicab	Amount (\$)
04/11/2009	Payee address; City; State; Zip Code 400 Overland El Paso, TX 79901	\$100.00

Purpose of payment (See instructions regarding type of information required.) Chaffeurage in Northeaster Parade (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 11/11

2 FILER NAME Byrd, Susannah

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date	5 Payee name	7 Amount (\$)
04/27/2009	Kids-N-Co <hr/> 6 Payee address; City; State; Zip Code 711 Ange St El Paso, TX 79902	\$134.00

8 Purpose of payment (See instructions regarding type of information required.)
Contribution for bowling event

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date	Payee name	Amount (\$)
04/24/2009	LULAC Project Amistad <hr/> Payee address; City; State; Zip Code 310 North Mesa El Paso, TX 79901	\$100.00

Purpose of payment (See instructions regarding type of information required.)
Purchase of ticket for humanitarian award dinner

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date	Payee name	Amount (\$)
04/28/2009	Reuel Group <hr/> Payee address; City; State; Zip Code 6006 North Mesa, #502 El Paso, TX 79912	\$500.00

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

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date	Payee name	Amount (\$)
04/27/2009	YWCA of Paso Del Norte Region <hr/> Payee address; City; State; Zip Code 1918 Texas Avenue El Paso, TX 79901	\$100.00

Purpose of payment (See instructions regarding type of information required.)
Contribution to annual luncheon

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

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