



**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 **\$ 1,095.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 12,070.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 142.85**

4. TOTAL POLITICAL EXPENDITURES **\$ 6,531.53**

CONTRIBUTION BALANCE

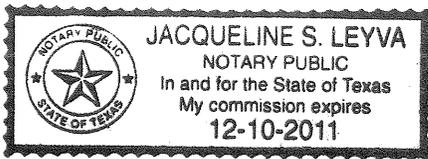
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 9,996.89**

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 9<sup>th</sup> day of April, 2009, 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: 1/10 Report: 3/16	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date  03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aboud, Bridget  6 Contributor address; City; State; Zip Code 3920 Flamingo El Paso, TX 79902	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adame, M. Nicole and Rafael  Contributor address; City; State; Zip Code 764 Dahlia Court El Paso, TX 79922	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Almada, Jorge  Contributor address; City; State; Zip Code 3501 Pierce El Paso, TX 79930	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Apodaca and Thurmond, Aliana and William Stafford  Contributor address; City; State; Zip Code 605 Las Playas El Paso, TX 79932	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Appleby, David  Contributor address; City; State; Zip Code 4019 Santa Ana El Paso, TX 79902	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/10 Report: 4/16	
<b>2</b> FILER NAME Byrd, Susannah		<b>3</b> ACCOUNT # (Ethics Commission filers) 00123456	
<b>4</b> Date  03/30/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ardovino, J. Barr or R.  <b>6</b> Contributor address; City; State; Zip Code 1-4 Ardovino Drive Sunland Park, NM 88063	<b>7</b> Amount of contribution (\$)  \$150.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayoub, Moses and Carolynne  Contributor address; City; State; Zip Code 3114 Altura El Paso, TX 79930	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BMcPAC  Contributor address; City; State; Zip Code Suite 1400, 111 Congress Avenue Austin, TX 78701	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Borden Zacour, Kristi  Contributor address; City; State; Zip Code 5409 La Estancia El Paso, TX 79932	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, J. Robert and Sherry  Contributor address; City; State; Zip Code 414 Executive Center Blvd. Suite 210 El Paso, TX 79902	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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: 3/10 Report: 5/16	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date  03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camerena, Mary Lou  6 Contributor address; City; State; Zip Code 501 Hague Road El Paso, TX 79902	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cardwell, J.A.  Contributor address; City; State; Zip Code P.O. Box 26808 El Paso, TX 79926	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castillo and Thomas, Rosemary and Celeste  Contributor address; City; State; Zip Code 4049 Tierra Santa El Paso, TX 79922	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cioc, Mark  Contributor address; City; State; Zip Code 1201 Cincinnati El Paso, TX 79902	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crowley, S  Contributor address; City; State; Zip Code P.O. Box 3335 El Paso, TX 79923	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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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: 5/10 Report: 7/16	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date  03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Joshua and Martha  6 Contributor address; City; State; Zip Code 5008 Vista del Monte El Paso, TX 79922	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Woody and Gayle  Contributor address; City; State; Zip Code P.O. Box 12220 El Paso, TX 79913	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose R. Rodriguez Campaign Account  Contributor address; City; State; Zip Code 1521 Camino Alto El Paso, TX 79902	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kastrin, Debra  Contributor address; City; State; Zip Code 3940 Flamingo Drive El Paso, TX 79902	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katzman and Morrow, Dexter and Gale  Contributor address; City; State; Zip Code 1141 Whisperdawn El Paso, TX 78230-3529	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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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: 6/10 Report: 8/16	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date  03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, James and Debra  6 Contributor address; City; State; Zip Code 1511 Rim Road El Paso, TX 79902	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kleberg, Robert and Christina  Contributor address; City; State; Zip Code 4903 Love Road El Paso, TX 79922	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson, LLP  Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munder Urbietta, Susan  Contributor address; City; State; Zip Code 521 Texas Avenue El Paso, TX 79901	Amount of contribution (\$)  \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Rourke, Melissa  Contributor address; City; State; Zip Code 6041 Torrey Pines Drive El Paso, TX 79912	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 7/10 Report: 9/16	
<b>2 FILER NAME</b> Byrd, Susannah		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00123456	
<b>4 Date</b>  03/31/2009	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Jose and Carmen  <b>6 Contributor address; City; State; Zip Code</b> 1521 Camino Alto El Paso, TX 79902	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  03/31/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenbaum, Noel  <b>Contributor address; City; State; Zip Code</b> 405 Valpano El Paso, TX 79912	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/15/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Russell and Crawford, John and Connie  <b>Contributor address; City; State; Zip Code</b> 1010 Madeline Drive El Paso, TX 79902	<b>Amount of contribution (\$)</b>  \$75.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/18/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Salloum, Hassan  <b>Contributor address; City; State; Zip Code</b> 404 Boreallis Lane El Paso, TX 79912	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/31/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sapp, Gary  <b>Contributor address; City; State; Zip Code</b> 3124 Piedmont El Paso, TX 79902	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/10 Report: 10/16	
<b>2</b> FILER NAME Byrd, Susannah		<b>3</b> ACCOUNT # (Ethics Commission filers) 00123456	
<b>4</b> Date  03/24/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shapleigh for Senate Campaign  <b>6</b> Contributor address; City; State; Zip Code 701 North St. Vrain El Paso, TX 79902	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>Date</b>  03/31/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Skov, Robert  <b>Contributor address; City; State; Zip Code</b> P.O. Box 310 Clint, TX 79836	<b>Amount of contribution (\$)</b>  \$200.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/10/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Rodney or Jeanene  <b>Contributor address; City; State; Zip Code</b> 3413 Sands Avenue El Paso, TX 79904	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/02/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Snare, Raymond  <b>Contributor address; City; State; Zip Code</b> 160 C Silver Shadow Drive El Paso, TX 79912	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/31/2009	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Solis and Guzman, Selena and Joel  <b>Contributor address; City; State; Zip Code</b> 1210 Los Angeles El Paso, TX 79902	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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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: 9/10 Report: 11/16	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date  03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sosa, Edward  6 Contributor address; City; State; Zip Code 411 Cincinnati El Paso, TX 79902	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tarwater, Patrick and Julie  Contributor address; City; State; Zip Code 436 Kingswood Drive El Paso, TX 79932	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The El Paso Association of Fire Fighters, Local 52, Inc.  Contributor address; City; State; Zip Code 3112 Forney Drive El Paso, TX 79935	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Urrea, Luis and Barbara  Contributor address; City; State; Zip Code 5009 Vista del Monte Street El Paso, TX 79922	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Venegas, Oscar  Contributor address; City; State; Zip Code 516 Crossbend Court El Paso, TX 79932	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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CITY CLERK DEPT.



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/4 Report: 13/16

**2** FILER NAME Byrd, Susannah

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

<b>4</b> Date  03/08/2009	<b>5</b> Payee name Cinco Puntos Press  <b>6</b> Payee address; City; State; Zip Code 701 Texas El Paso, TX 79901	<b>7</b> Amount (\$)  \$68.39
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Gifts for campaign volunteers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>  02/10/2009	<b>Payee name</b> City of El Paso  <b>Payee address; City; State; Zip Code</b> Two Civic Center Plaza El Paso, TX 79901	<b>Amount (\$)</b>  \$250.00
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<b>Purpose of payment (See instructions regarding type of information required.)</b> Application for place on ballot  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>  03/07/2009	<b>Payee name</b> Costco  <b>Payee address; City; State; Zip Code</b> 6101 Gateway Boulevard El Paso, TX 79903	<b>Amount (\$)</b>  \$9.96
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<b>Purpose of payment (See instructions regarding type of information required.)</b> Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>  03/15/2009	<b>Payee name</b> Costco  <b>Payee address; City; State; Zip Code</b> 6101 Gateway Boulevard El Paso, TX 79903	<b>Amount (\$)</b>  \$39.64
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<b>Purpose of payment (See instructions regarding type of information required.)</b> Office supplies and snacks  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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CITY CLERK DEPT  
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/4 Report: 14/16

**2** FILER NAME Byrd, Susannah

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

<b>4</b> Date	<b>5</b> Payee name Costco	<b>7</b> Amount (\$)
03/28/2009	<b>6</b> Payee address; City; State; Zip Code 6101 Gateway Boulevard El Paso, TX 79903	\$127.47

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Supplies for fundraiser  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Geronimo Design	<b>Amount (\$)</b>
02/20/2009	<b>Payee address; City; State; Zip Code</b> 2101 Texas Avenue El Paso, TX 79901	\$450.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Design of campaign materials  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Geronimo Design	<b>Amount (\$)</b>
02/20/2009	<b>Payee address; City; State; Zip Code</b> 2101 Texas Avenue El Paso, TX 79901	\$1,204.14

<b>Purpose of payment (See instructions regarding type of information required.)</b> Design and printing for door hangers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Geronimo Design	<b>Amount (\$)</b>
02/20/2009	<b>Payee address; City; State; Zip Code</b> 2101 Texas Avenue El Paso, TX 79901	\$943.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Design and printing of push cards  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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09 APR - 9 AM 9:10  
CITY CLERK DEPT.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/4 Report: 15/16

**2** FILER NAME Byrd, Susannah

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

**4** Date  
  
03/22/2009

**5** Payee name  
Geronimo Design

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**6** Payee address; City; State; Zip Code  
2101 Texas Avenue  
El Paso, TX 79901

**7** Amount (\$)  
  
\$2,167.11

**8** Purpose of payment (See instructions regarding type of information required.)  
Design and printing of yard signs

**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  
  
03/22/2009

Payee name  
Geronimo Design

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Payee address; City; State; Zip Code  
2101 Texas Avenue  
El Paso, TX 79901

Amount (\$)  
  
\$480.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
02/09/2009

Payee name  
Holland, Edward

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Payee address; City; State; Zip Code  
2701 Louisville  
El Paso, TX 79930

Amount (\$)  
  
\$58.29

Purpose of payment (See instructions regarding type of information required.)  
Reimburse for campaign funds spent from personal funds for copies and mailing

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
03/22/2009

Payee name  
Holland, Edward

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Payee address; City; State; Zip Code  
2701 Louisville  
El Paso, TX 79930

Amount (\$)  
  
\$21.25

Purpose of payment (See instructions regarding type of information required.)  
Reimburse for credit card expense to Constant Contact

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

03 APR -9 AM 9:11  
CITY CLERK DEPT.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/4 Report: 16/16

**2** FILER NAME Byrd, Susannah

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

**4** Date  
  
03/25/2009

**5** Payee name  
Holland, Edward

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**6** Payee address; City; State; Zip Code  
2701 Louisville  
El Paso, TX 79930

**7** Amount (\$)  
  
\$92.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Reimburse for credit card expense to facebook ads

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

(If travel outside of Texas, complete Schedule T)

Date  
  
04/04/2009

Payee name  
Holland, Edward

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Payee address; City; State; Zip Code  
2701 Louisville  
El Paso, TX 79930

Amount (\$)  
  
\$76.68

Purpose of payment (See instructions regarding type of information required.)  
Reimburse for campaign cell phone expenses

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

(If travel outside of Texas, complete Schedule T)

Date  
  
03/02/2009

Payee name  
Sprint

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Payee address; City; State; Zip Code  
2301 North Mesa  
El Paso, TX 79902

Amount (\$)  
  
\$76.00

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

(If travel outside of Texas, complete Schedule T)

Date  
  
03/22/2009

Payee name  
Stantonstreet

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Payee address; City; State; Zip Code  
500 West Overland, Suite 200  
El Paso, TX 79901

Amount (\$)  
  
\$324.75

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

(If travel outside of Texas, complete Schedule T)

CITY CLERK DISTRICT  
05 APR -9 AM 9:11