

# 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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
*SUSAN F. AUSTIN*

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
*6205 PINEHURST  
EL PASO, TEXAS 79912*

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(915) 581-3164*

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
*DAVID M AUSTIN*

Date Processed

Date imaged

CITY CLERK DEPT.  
06 JUN 11 11:2:13

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE  
*6205 PINEHURST, EL PASO, TEXAS 79912*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(915) 525-9040*

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)  
 July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*07 / 06 / 2005 THROUGH 12 / 31 / 2005*

11 ELECTION

ELECTION DATE: Month Day Year  
*N/A / /*  
ELECTION TYPE:  Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any):  
*CITY REPRESENTATIVE, DIST. #1*

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box, Apt / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

# 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

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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)

\$

*250<sup>00</sup>*

EXPENDITURE TOTALS

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

\$

*-*

4. TOTAL POLITICAL EXPENDITURES

\$

*1,615.51*

CONTRIBUTION BALANCE

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

\$

*4,778.69*

OUTSTANDING LOAN TOTALS

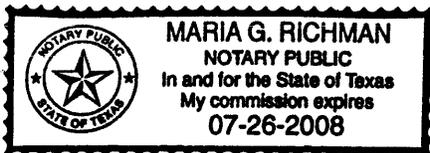
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*-*

19 AFFIDAVIT

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



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SUSAN F. AUSTIN, this the 11th day of January, 2006, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

MARIA G. RICHMAN  
Printed name of officer administering oath

NOTARY  
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: <u>1</u>	
2 FILER NAME <i>SUSAN F. AUSTIN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7/16/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>HCA GOOD GOVERNMENT FUND</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7400 FANNIN, SUITE 650 HOUSTON, TEXAS 77054</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)	

CITY CLERK DEPT.  
COMMUNICATIONS UNIT 2:13

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>1</i>
2 FILER NAME <i>SUSAN F. AUSTIN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/15/05</i>	5 Payee name <i>SUSAN F. AUSTIN</i>	7 Amount (\$) <i>\$815.51</i>
6 Payee address; City; State; Zip Code <i>6205 PINEHURST EL PASO, TEXAS 79912</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>EXPENSE REIMBURSEMENT</i>		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
Date <i>8/2/05</i>	Payee name <i>ANIMAL RESCUE LEAGUE</i>	Amount (\$) <i>\$400<sup>00</sup></i>
Payee address; City; State; Zip Code <i>EL PASO, TEXAS</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION</i>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
Date <i>8/24/05</i>	Payee name <i>BARBARA PEREZ CAMPAN</i>	Amount (\$) <i>\$150<sup>00</sup></i>
Payee address; City; State; Zip Code <i>EL PASO, TEXAS</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION - POLITICAL</i>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held <i>BARBARA PEREZ      COUNTY COMMISSIONER</i>
Date <i>10/15/05</i>	Payee name <i>INSIGHTS MUSEUM</i>	Amount (\$) <i>\$250<sup>00</sup></i>
Payee address; City; State; Zip Code <i>EL PASO, TEXAS 79901</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION</i>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held <i>06 JAN 11 PM 2:13</i> <i>SITY CLERK DEPT.</i>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED