

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
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Susannah MI: _____ NICKNAME: Susie LAST: Byrd SUFFIX: _____	OFFICE USE ONLY Date Received
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: 79930 2701 Louisville, El Paso, TX	Date Hand-delivered or Date Postmarked
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 204-9813 EXTENSION: _____	Receipt # _____ Amount _____
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Barbara R. MI: _____ NICKNAME: _____ LAST: Esparza SUFFIX: _____	Date Processed 09 JAN 5 PM 3:32 Date Imaged _____
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: 79930 3610 Frankfort, El Paso, TX
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8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 564-4464 EXTENSION: _____
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9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month _____ Day _____ Year _____ THROUGH Month _____ Day _____ Year _____ 7/16/2007 1/15/2008
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11 ELECTION	ELECTION DATE Month _____ Day _____ Year _____	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) City Council, District 2	13 OFFICE SOUGHT (if known)
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14 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 _____
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

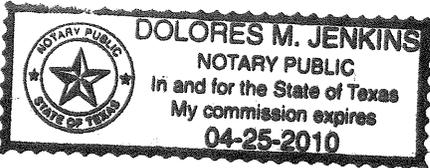
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Susanne Byrd</u>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 705.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 131.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Susanne Byrd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susanne Byrd, this the 15th day of January, 20 08, to certify which, witness my hand and seal of office.

<u>Dolores M. Jenkins</u> Signature of officer administering oath	<u>DOLORES M. JENKINS</u> Printed name of officer administering oath	<u>NOTARY</u> Title of officer administering oath
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1 of 2

2 FILER NAME Susie Byrd 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>7/5/2007</u>	5 Payee name <u>Clarke American</u>	7 Amount (\$) <u>\$14.17</u>
6 Payee address; City; State; Zip Code <u>9711 David Taylor Dr, Charlotte, NC 28062</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Purchase checks</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>9/25/2007</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>\$56.17</u>
Payee address; City; State; Zip Code <u>1111 Geronimo Drive, El Paso, TX 79925</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Faces Against Asarco supplies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>9/25/2007</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>\$25.96</u>
Payee address; City; State; Zip Code <u>1111 Geronimo Dr, El Paso, TX 79925</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Faces Against Asarco supplies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10/1/2007</u>	Payee name <u>Patricia Macias Campaign</u>	Amount (\$) <u>\$200.00</u>
Payee address; City; State; Zip Code <u>831 Galloway Drive, El Paso, TX 79902</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign contribution</u> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 2
2 FILER NAME Susie Byrd		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/1/2007	5 Payee name Bill McCamley Campaign	7 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code P.O. Box 6552, Las Cruces, NM 88006		
8 Purpose of payment (See instructions regarding type of information required.) Campaign contribution <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/26/2007	Payee name Community Scholars	Amount (\$) \$50.00
Payee address; City; State; Zip Code 200 North Ochoa, El Paso, TX 79901		
Purpose of payment (See instructions regarding type of information required.) Fundraiser <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/21/2007	Payee name Costco	Amount (\$) \$114.42
Payee address; City; State; Zip Code 6101 Gateway West, El Paso, TX 79925		
Purpose of payment (See instructions regarding type of information required.) Supplies for Expatriate Mixer <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/4/2008	Payee name Morris Pittle	Amount (\$) \$150.00
Payee address; City; State; Zip Code 500 West Overland, El Paso, TX 79901		
Purpose of payment (See instructions regarding type of information required.) Reimburse for supplies for Expatriate Mixer <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		