

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 10
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Susannah MI	OFFICE USE ONLY
	NICKNAME Susie LAST Byrd SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2701 Louisville El Paso, TX 79930	Date Received 09 JAN 15 3:31 PM '09 CITY CLERK DEPT.
	Date Hand-delivered or Date Postmarked	Receipt # Amount

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Ester MI	Date Processed
	NICKNAME LAST Perez SUFFIX	Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10724 Chert St. El Paso, TX 79924
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7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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8 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)			

9 PERIOD COVERED	Month Day Year 07/16/2008	THROUGH	Month Day Year 01/15/2009
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10 ELECTION	ELECTION DATE Month Day Year 05/09/2009	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
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11 OFFICE OFFICE HELD (if any) City Council Representative District 2	12 OFFICE SOUGHT (if known) City Council Representative District 2
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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		

GO TO PAGE 2

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

\$ 145.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,650.00

EXPENDITURE TOTALS

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

\$ 102.29

4. TOTAL POLITICAL EXPENDITURES

\$ 2,323.35

CONTRIBUTION BALANCE

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

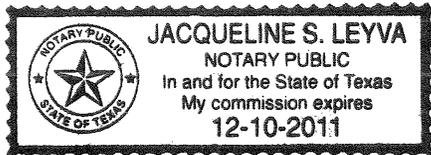
\$ 4,458.42

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 15th day of January, 20 09, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva *Jacqueline S. Leyva* *Notary Public*
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: 1/6 Report: 3/10

2 FILER NAME Byrd, Susannah

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
11/10/2008 Acton, Ron and Debbie

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

Contributor address; City; State; Zip Code
1238 Cerrito Alegre Lane
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# _____)
11/11/2008 Ann Morgan Lilly Campaign

Amount of contribution (\$) In-kind contribution description (if applicable)
\$500.00 City Representative

Contributor address; City; State; Zip Code
700 Blacker Avenue
El Paso, TX 79902

(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# _____)
11/30/2008 Byrd, Susannah

Amount of contribution (\$) In-kind contribution description (if applicable)
\$55.00 Note: Reimbursement for expense accidentally made from campaign funds

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

(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# _____)
10/10/2008 Cardwell, J.A.

Amount of contribution (\$) In-kind contribution description (if applicable)
\$500.00 Retired

Contributor address; City; State; Zip Code
P.O. Box 26808
El Paso, TX 79926

(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# _____)
11/12/2008 Degroat, Steve or Martha

Amount of contribution (\$) In-kind contribution description (if applicable)
\$100.00 Finance

Contributor address; City; State; Zip Code
712 Cervantes
El Paso, TX 79922

(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: 2/6 Report: 4/10	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date 11/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dominguez and Coyle PLLC 6 Contributor address; City; State; Zip Code 2515 North Stanton El Paso, TX 79902	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) Attorneys. Amount returned on 1/15/2009 because of prohibition on litigant contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erickson, James and Diana Contributor address; City; State; Zip Code 2501 Nashville Ave El Paso, TX 79930	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) Real Estate Management
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Naomi Contributor address; City; State; Zip Code 405 Buena Vista El Paso, TX 79905	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) attorney
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hal Marcus Gallery Contributor address; City; State; Zip Code 800 North Mesa El Paso, TX 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2008	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) Developer
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: 3/6 Report: 5/10	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date 11/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jobe, Stanley 6 Contributor address; City; State; Zip Code 1150 Southview Drive El Paso, TX 79928	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) Concrete company owner
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcus, Meyer and Melinda Contributor address; City; State; Zip Code 6500 Montana Ave El Paso, TX 79925	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Owner of Commercial developer and property management company
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Rourke, Robert F. Contributor address; City; State; Zip Code 1209 Prospect El Paso, TX 79902	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) City Council, Business owner
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, A. E. Contributor address; City; State; Zip Code 700 Mississippi El Paso, TX 79902	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutledge, Raymond and Julie Contributor address; City; State; Zip Code 2734 Silver El Paso, TX 79930	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
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: 5/6 Report: 7/10	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date 11/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Symons, John	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) Professor
6 Contributor address; City; State; Zip Code 2735 Silver El Paso, TX 79930		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teran, Maria	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) construction industry
Contributor address; City; State; Zip Code 4804 Villa Encanto El Paso, TX 79922		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teschner, Richard	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) Professor
Contributor address; City; State; Zip Code 1800 North Stanton El Paso, TX 79902		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The El Paso Association of Fire Fighters, Local 52, Inc.	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3112 Fomey Drive El Paso, TX 79935		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Law Offices of Jesus R. Herrera	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) Attorney, Judge
Contributor address; City; State; Zip Code 6021 Palo Alto El Paso, TX 79912		(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: 6/6 Report: 8/10	
2 FILER NAME Byrd, Susannah		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 Date 11/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Miguel 6 Contributor address; City; State; Zip Code 210 North Campbell El Paso, TX 79901	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) Attorney (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wakeem, Charles or Diane Contributor address; City; State; Zip Code 741 Somerset El Paso, TX 79912	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)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 9/10

2 FILER NAME Byrd, Susannah

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date
01/15/2009

5 Payee name
Dominguez and Coyle PLLC

.....

6 Payee address; City; State; Zip Code
2515 North Stanton
El Paso, TX 79902

7 Amount (\$)
\$100.00

8 Purpose of payment (See instructions regarding type of information required.)
Return contribution per ethics ordinance prohibiting contribution by litigants

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date
09/01/2008

Payee name
El Paso Central Labor Union

.....

Payee address; City; State; Zip Code
4024 Trowbridge Drive
El Paso, TX 79903

Amount (\$)
\$60.00

Purpose of payment (See instructions regarding type of information required.)
Two tickets to Labor Day Breakfast

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date
11/30/2008

Payee name
Holland, Edward

.....

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

Amount (\$)
\$86.06

Purpose of payment (See instructions regarding type of information required.)
Reimburse for credit purchase of constant contact system

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date
11/10/2008

Payee name
House of Pizza

.....

Payee address; City; State; Zip Code
2016 North Piedras
El Paso, TX 79930

Amount (\$)
\$300.00

Purpose of payment (See instructions regarding type of information required.)
Campaign kick off event

(If travel outside of Texas, complete Schedule T)

** 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: 2/2 Report: 10/10

2 FILER NAME Byrd, Susannah

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date
10/27/2008

5 Payee name
Quintero Tovar, Natalia
.....
6 Payee address; City; State; Zip Code
not available

7 Amount (\$)
\$55.00

8 Purpose of payment (See instructions regarding type of information required.)
Expense was accidentally made from campaign funds. I reimbursed this expense from personal funds

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date
11/26/2008

Payee name
Reuel Group
.....
Payee address; City; State; Zip Code
6006 North Mesa, #502
El Paso, TX 79912

Amount (\$)
\$1,500.00

Purpose of payment (See instructions regarding type of information required.)
Access to voter database

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date
11/27/2008

Payee name
Reuel Group
.....
Payee address; City; State; Zip Code
6006 North Mesa, #502
El Paso, TX 79912

Amount (\$)
\$120.00

Purpose of payment (See instructions regarding type of information required.)
Bar code scanner

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

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