

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Susie Byrd 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. ••

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

07 JUL 16 AM 11:57
CITY CLERK DEPT.

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)	\$ 1500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 662.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 837.49
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.

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 16th day of July, 2007, to certify which, witness my hand and seal of office.

Carla I. Jimerson
Signature of officer administering oath

Carla I. Jimerson
Printed name of officer administering oath

Carla I. Jimerson 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 <i>1 of 1</i>	
2 FILER NAME <i>Susie Byrd</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/10/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Jaffe</i>	7 Amount of contribution (\$) <i>\$500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7601 North Loop, El Paso TX 79915</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Business person</i>		10 Employer (See Instructions)	
Date <i>4/10/07</i> <i>3/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Gas Service PAC</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>504 Lavaca, Suite 800, Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/31/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noel Rosenbaum</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>405 Valplano, El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 1 of 3
2 FILER NAME Susie Byrd		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/24/07	5 Payee name Susie Byrd	7 Amount (\$) \$60.00
6 Payee address; City; State; Zip Code 2701 Louisville, El Paso, TX 79930		CITY CLERK DEPT. 07 JUL 16 AM 11
8 Purpose of payment (See instructions regarding type of information required.) Reimburse for tickets for Sem Brador del Bien Awards (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/12/07	Payee name YWCA Women's Luncheon	Amount (\$) \$100.00
Payee address; City; State; Zip Code 1918 Texas Ave. El Paso, TX 79901		
Purpose of payment (See instructions regarding type of information required.) Fundraiser Luncheon (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/18/07	Payee name El Paso Rehabilitation Center	Amount (\$) \$40.00
Payee address; City; State; Zip Code 1101 E. Schuster Ave, El Paso, TX 79902		
Purpose of payment (See instructions regarding type of information required.) Fundraiser (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/23/07	Payee name League of Women Voters, El Paso	Amount (\$) \$70.00
Payee address; City; State; Zip Code 10525 Texwood, El Paso, TX 79925		
Purpose of payment (See instructions regarding type of information required.) Luncheon (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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 3
2 FILER NAME Susie Byrd		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/11/2007	5 Payee name Alta Vista Optimists	7 Amount (\$) \$54.00
6 Payee address; City; State; Zip Code 3501 Morenci, El Paso, TX 79930		
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held 07 JUN 08 11:57 AM CITY CLERK DEPT
Date 5/11/2007	Payee name Judy Gutierrez	Amount (\$) \$25.00
Payee address; City; State; Zip Code 504 Phil Hansen, Canutillo, TX 79835		
Purpose of payment (See instructions regarding type of information required.) Reimburse for photo purchased from El Paso Times (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/18/2007	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 (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/26/07	Payee name Ardouno's	Amount (\$) \$203.51
Payee address; City; State; Zip Code 206 Circinnati, El Paso, TX 79902		
Purpose of payment (See instructions regarding type of information required.) Food for Rep. Preschberger Farewell (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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:
3 of 3

2 FILER NAME
Susie Byrd

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/28/07

5 Payee name
Courtyard by Marriott
6 Payee address; City; State; Zip Code
300 E. 4th St, Austin, TX 78701

7 Amount (\$)
\$60.00

8 Purpose of payment (See instructions regarding type of information required.)
Lodging for lobby trip
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
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Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED