

# 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:**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>
	Susannah			
	NICKNAME	LAST	SUFFIX	Date Received
	Susie Byrd			

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	2701 Louisville, El Paso TX 79930				

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	204-9813	

<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	Barbara R.		
	NICKNAME	LAST	SUFFIX
	Esparza		

<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	3610 Frankfort, El Paso, TX 79930				

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	564-4464	

<b>9 REPORT TYPE</b>	<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)

<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	1	16	2008		7	15	2008

<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known)
	City Council, District 2	

<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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	

CITY CLERK DEPT.  
08 JUL 15 PM 4:14

**GO TO PAGE 2**

**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)**

additional pages

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

\*\* This box is for notice of political contributions accepted or political expenditures made 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. \*\*

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	CITY CLERK DEPT. 08 JUL 15 PM 4:15
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 0	
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 131.77	
<b>OUTSTANDING LOAN TOTALS</b>	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.

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 July, 2008, to certify which, witness my hand and seal of office.

Sylvia Martinez  
Signature of officer administering oath

Printed name of officer administering oath: \_\_\_\_\_  
Title of officer administering oath: \_\_\_\_\_

**NOTARY PUBLIC**  
SYLVIA MARTINEZ  
Notary Public, State of Texas  
My Commission Expires  
January 29, 2009