

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Susannah		Byrd	
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915) 204-9813		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Estel		Perez	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	10724 Chert El Paso, TX 79924		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915) 821-8774		
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)		
10 PERIOD COVERED	Month	Day	Year
	7 / 16 / 2009		THROUGH 1 / 15 / 2010
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	City Council Rep District 2		
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		

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
10 JAN 15 PM 5:04

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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. **

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

CITY CLERK DEPT.
10 JAN 15 PM 5:05

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)

\$

750.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1794.00

CONTRIBUTION BALANCE

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

\$

677.17

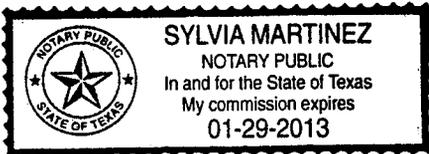
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Susannah Byrd
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Susannah Byrd, this the 15th day of January, 20 10, to certify which, witness my hand and seal of office.

Sylvia Martinez
Signature of officer administering oath

Sylvia Martinez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT
10 JAN 15 PM 5:00

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/16/09	Kirk Robison 6 Contributor address; City; State; Zip Code 4445 N. Mesa, EPT 79902	\$250	
9 Principal occupation / Job title (See Instructions)		10 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)
11/2/10	Noel Kosenbaum Contributor address; City; State; Zip Code 405 Val Plano El Paso, TX 79912	\$500	
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		
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		
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		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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.

CITY CLERK DEPT. Total pages: Schedule F: 1

2 FILER NAME

10 JAN 15 3 40 PM '09 (For use by Ethics Commission filers)

4 Date 7/13/09	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code 3011 E. Yandell, El Paso, TX 79903	7 Amount (\$) 44.00
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8 Purpose of payment (See instructions regarding type of information required.) Postage (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 7/17/09	Payee name Border Network for Human Rights Payee address; City; State; Zip Code 2115 N. Piedras, El Paso, TX 79903	Amount (\$) 200.00
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Purpose of payment (See instructions regarding type of information required.) Tickets for banquet (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/18/09	Payee name Bowrie Alumni Association Payee address; City; State; Zip Code P.O. Box 1804, El Paso, TX 79949	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Sponsor Bowrie Bears Baseball Banquet (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/16/09	Payee name WOPAC Payee address; City; State; Zip Code 1125 East Baltimore Drive El Paso, TX 79902	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Sponsor women's event (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

10 JAN 15 PM 5:05

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/30/09	5 Payee name NAACP - El Paso 6 Payee address; City; State; Zip Code 4631 Atlas, El Paso, TX 79904	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Purchase of table for event (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 10/27/09	Payee name Community Scholars Payee address; City; State; Zip Code 701 Texas Ave. El Paso, TX 79901	Amount (\$) 200.00
Purpose of payment (See instructions regarding type of information required.) Tickets for Monsters Ball (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/27/09	Payee name Veronica Escobar Campaign Payee address; City; State; Zip Code 3014 Copper, El Paso, Texas 79930	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Campaign Contribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/24/09	Payee name Wolverines Payee address; City; State; Zip Code address unknown	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Sponsor girls basketball (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

10 JAN 15 PM 5:05

The Instruction Guide explains how to complete this form.

Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/5/09

El Paso Affordable Housing

100,00

6 Payee address; City; State; Zip Code

6801 Ulscourt Blvd. # A
El Paso, Texas 79925

8 Purpose of payment (See instructions regarding type of information required.)

Sponsor National Assn of Community Assct Builders Border Summit
(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

Payee name

Amount (\$)

11/13/09

Sarah Enriquez

100.00

Payee address; City; State; Zip Code

800 Wyoming, EPT 79901

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

Sponsor golf 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

Payee name

Amount (\$)

11/13/09

Sarah Enriquez

100.00

Payee address; City; State; Zip Code

800 Wyoming, EPT 79901

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

Sponsor golf 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

Payee name

Amount (\$)

1/25/09

Green Leaf Pedicab

250.00

Payee address; City; State; Zip Code

1603 Montana El Paso, 79902

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