CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Etrics Commission Flers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Susannah NICKNAME LAST Susie Byrd	MI SUFFEX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX. APT / SUITE #. CITY 2701 Louisville, El Paso, Texas 79930	STATE; ZIP CODE	Date Hand-delivered or Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 204-9813	EXTENSION	Receipt # Amount Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Susannah NICKNAME LAST Susie Byrd	MI SUFFIX	Date Imaged	3:42PN
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO POBOX PLEASE). APT/ SUITE#: 2701 Louisville, El Paso, Texas 79930	CITY, STATE;	ZP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 204-9813	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 kmrt	15th day after campaign reasurer appointment (pticeholderonly) Final report (Attach C/OH • FR)	
10 PERIOD COVERED	Month Day Year 7 / 15 / 2013 THROUGH	Month Day 1 / 15 /	Yeer 2014	
11 ELECTION	BLECTION DATE Moriti Day Year Primary	Runoti (General Special	
12 OFFICE	OFFICE HELD (if any) EPISD Trustee, District 3-Elect	13 OFFICE SOUGHT (filtriown)		
	GOTOPAG	E2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512)463-5800

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE OFFICE	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF REPORTED TURES MAY HAVE BEEN MADE IN THOUT 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			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		:42PM
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,132.96	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$ 0	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T BY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
al her to real the speciments butter	int's Alberthadian design	The state of the s	of perjury, that the accompanying report	
MARIA I. JACKSON MY COMMISSION EXPIRIES January 12, 2015 Signature of Candidate or Officeholder				
	Sworn to and subscribed before me, by the said Suzannan Byrd , this the			
Signature of officer admi	MCK DAN.	Maria T. clackson Printed name of officer administering oath	Title of officer administering oath	

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salarles/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f	ontract Labor Loan Repayment/Reliaising Expense Transportation Equipm Contributions/Donation Candidate/Officehorements Expense OTHER (enter a cate)	nent & Related Expense
1 Total pages Schedule F:	2 FILER NAME		(Ethics Commission Filers)
4 Date	5 Payee name	aned	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, o	omplete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		JAN15 14 3:43PM
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, c	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, c	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, c	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES FILER NAME: Susannah Byrd

Date: 1/14/2014 Amount: \$2,132.96

Payee Name: Officer Jonathan Molina Scholarship Fund (c/o Austin High School)

Payee Address: 3500 Memphis, El Paso TX 79930

Purpose of Expenditure Category: Donations

Description: Donation to scholarship fund

JAN15 14 3:43PM

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

		The Instruction Guide explains how to complete th → Complete only if "Report Type" on page 1 is marked "	
1	C/OH N	AME Susannah (Susie) Byrd	2 ACCOUNT # {Ethics Commission Filers}
3	SIGNA	TURE	
	report a	expect any further political contributions or political expenditures in connection with my s a final report terminates my campaign treasurer appointment. I also understand that I any campaign expenditures without a campaign treasurer appointment on file.	
		Signa	ture of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER olete A& B below <i>only</i> if you are not an officeholder. ↔	
	Α.	CAMPAIGN FUNDS	JAN15 14 3:4
	Chec	conty one: I do not have unexpended contributions or unexpended interest or income earned from	political contributions.
		I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions contributions or unexpended interest or income earned on political contributions lon report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code,	ed on political contributions to personal and that I may not retain unexpended ger than six years after filing this final s and unexpended interest or income
	В.	ASSETS	
	Chec	conty one:	
		I do not retain assets purchased with political contributions or interest or other income	from political contributions.
		I do retain assets purchased with political contributions or interest or other income from plimay not convert assets purchased with political contributions or interest or other income use. Talso understand that I must dispose of assets purchased with political contribution of Election Code, § 254.204.	from political contributions to personal
			Signature of Candidate
5		EHOLDER blete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who doe I am also aware that I will be required to file reports of unexpended contributions if, at officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ter filing the last required report as an
			Signature of Officeholder

P.O. Box 12070

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

-						1	T	
1	ACCOUNT#			2 Total pages filed:			OFFICI	E USE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS/ MRS/MR NICKNAME	FIRST Susannah LAST		P P	MI SUFFIX	Date Received	
4	ORIGINAL REPORT	Susie January 15	Byrd Rur	noff Other	(spi	ecity)		
Š		July 15		peeded \$500 limit			Date Hand-delivered (or Postmarked
		30th day before election	ap	h day after treasurer pointment (officeholder orty) al report			Receipt #	- Amount
5	ORIGINAL PERIOD COVERED	Month Day	Year		Оау	Year	- Date Processed	
		3 / 1 /	2013 TH	ROUGH 4 1	'/	2013	Date Imaged	
6	In closing out my bank account and reconciling against my campaign reports, I determined that I failed to report 5 contribution \$115 14 totaling \$800 and 1 expenditure of \$31.30. The contributions not reported are from Robert Ardovino (\$100), Cynthia Conroy (\$50), Tracy Yellen (\$250), Ann Horak (\$150) and Richard Teschner (\$250). The expenditure not reported was for \$31.30 to United Bank of El Paso del Norte for the purchase of checks. These mistakes impact the reported totals on the Cover Sheet Page 2 and the Contribution Balances in subsequent reports. A Correction Affidavit has also been filed for the 8th day before election report and the July 15 report.							
7	AFFIDAVIT			or affirm, under penal true and correct.	ly o	f perjury,	that this correc	ted
			Check O	NLY if applicable:				
			semiann ment/cor report wa in good fa	nual reports: This rual report due on or rection is filed on or as filed, I swear, or as aith and without an iron contained in the r	r af i aft ffirm nter	ter Septe er the eig i, that the it to misle	mber 1, 2011 hth day after original report	. If amend- the original twas made
	Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate or Officeholder							
	AFFIX NOTARY STA	AMP / SEAL ABOVE		/ Signi	an uire	or Candida	te or Olliceholder	
	Swom to and subscribe	ed before me, by the said	Susand	ah Byrd	1	his the	day of &	inuary
		rtify which, witness my ha						
7		JOHON	Ma	ria I. Jackson			Notar	1
	Signature of officer ad-	ninistering oath	Printed	name of officer administering	g oati	1	Title of office	er administering oath
	R	emember To Attac	h Any Pa	art Of The Campaig	n F	inance F	Report Form	

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (EticsCommission Flers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Susannah	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Susie Byrd			
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX APT / SUITE #. CITY 2701 Louisville, El Paso, Texas 79930	STATE: ZIP CODE	Date Hand-delivered or Postmarked	
ADDRESS change of address				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount	
OFFICEHOLDER PHONE	(915) 204-9813		DateProcessed	
6 CAMPAIGN TREASURER	MS / MRS / MR FRST Susannah	MI	Date Imaged	
NAME	NICKNAVE LAST	SUFFIX		
	Susie Byrd		JAN15 14	:44PM
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADORESS (NO PO BOX PLEASE). APT/SUITE#: 2701 Louisville, El Paso, Texas 79930	CITY, STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 204-9813	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign reasurer appointment (pticabilderonly)	
	July 15 8th day before election	Exceeded \$500 bmd	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Morth Day Year 3 / 1 / 2013 THROUGH	Month Day 4 / 11 /	Year 2013	
11 ELECTION	ELECTION DATE Morith Day Year 5 / 11 / 2013	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (flurown)		
	City Council Representative, District 2	EPISD Trustee, Distric	t 3	
	GOTOPAG	E2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFRCE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE I HOLDER. THESE EXPENDITURES MAY HAVE SEEN MADE IN THOUT THE CANDIDA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	NTE'S OR OFFICEHOLDER'S INIOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	Po disk strategy visited -
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
	;	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			JAN15 14 3:44F
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,415.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,059.54
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 5,355.46
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
18 AFFIDAVIT		I swear, or affirm, under penalty of pe	rjury, that the accompanying report
************		is true and correct and includes all informe under Titlo 15, Election Code.	
	MARIA I. JACKSO MY COMMISSION EXI January 12, 2019	N PIRES	rah Phyl
		/ Signature of Candid	ate or Officeholder
AFFIX NOTARY STAM		C	
		ne, by the said <u>Susannah Byrd</u> 4 20 <u>14</u> , to certify which, witness my	
	\wedge		
Signature of officer admir	nistering oath	Maria T. Oakson Printed 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	s form.	1 Total pages Sch	nedule A:	
2 FILER NAME	Susie Byrd	d	3 ACCOUNT# (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (10): 6 Contributor address; City; State; Zip Code	achel	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occi	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	eranna marrana i		 	
Dringing) occ	pation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule (F)= 14	3:44PM
Filincipal occi	pation / 300 title (366 trist dealors)	Employer (See)	ilisu deudiis)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			 	
Beinging! acc	pation / Job title (See Instructions)	Employer (See I	· ·	of Texas, complete Schedule T)	
Principal occi	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State, Zip Code	O 4-63 63 6 6 6 6 6		 	
			(If travel outside	I of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code).	 	
			fif tenuel autoide	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I		or raxas, complete acrieoule 1)	
		ž			7

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Date: 3/1/2013

Full Name of Contributor: Robert Ardovino

Contributor Address: 1-4 Ardovino Drive, Sunland Park NM 88063

JAN15 14 3:44PM

Amount of Contribution: 100

Principal Occupation/Job Title: Restaurant Owner

Employer: Ardovino's Desert Crossing

Date: 3/1/2013

Full Name of Contributor: Cynthia Conroy

Contributor Address: 1021 Baltimore, El Paso TX 79902

Amount of Contribution: 50

Principal Occupation/Job Title: Executive Assistant

Employer: WestStar Bank

Date: 3/1/2013

Full Name of Contributor: Tracy Yellen

Contributor Address: 925 McKelligon, El Paso TX 79902

Amount of Contribution: 250

Principal Occupation/Job Title: Foundation Executive Employer: Foundation for the Diocese of El Paso

Date: 3/7/2013

Full Name of Contributor: Ann Horak

Contributor Address: 617 Cincinnati, El Paso TX 79902

Amount of Contribution: 150

Principal Occupation/Job Title: Professor

Employer: UTEP

Date: 3/5/2013

Full Name of Contributor: Richard Teschner

Contributor Address: 1800 North Stanton, Apt. 302, El Paso TX 79902

Amount of Contribution: 250

Principal Occupation/Job Title: Retired professor

Employer:

Date: 3/7/2013

Full Name of Contributor: Jo Ann Casev

Contributor Address: 1000 Madeline Drive, El Paso TX 79902

Amount of Contribution: 200

Principal Occupation/Job Title: Business Development

Employer: G.E.

Date: 3/8/2013

Full Name of Contributor: Veronica Escobar

Contributor Address: 3014 Copper Avenue, El Paso TX 79930

JAN15 14 3:44PM

Amount of Contribution: 100

Principal Occupation/Job Title: County Judge

Employer: County of El Paso

Date: 3/20/2013

Full Name of Contributor: Miguel Fernandez

Contributor Address: 411 Rim Road, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Business owner

Employer: Transtelco

Date: 3/20/2013

Full Name of Contributor: Kids First Reform EPISD NOW

Contributor Address: 701 North Saint Vrain, El Paso TX 79902

Amount of Contribution: 3000 Principal Occupation/Job Title:

Employer:

Date: 3/23/2013

Full Name of Contributor: Beverly Rebe

Contributor Address: 4324 Buckinghom, El Paso TX 79902

Amount of Contribution: 50

Principal Occupation/Job Title: Bookkeeper

Employer: Self Employed

Date: 3/25/2013

Full Name of Contributor: Melissa O'Rourke

Contributor Address: 6041 Torrey Pines, El Paso TX 79912

Amount of Contribution: 500

Principal Occupation/Job Title: Business owner

Employer: Charlotte's Furniture

Date: 3/25/2013

Full Name of Contributor: Marc Cioc-Ortega

Contributor Address: 1201 Cincinnati, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Professor

Employer: UC Santa Cruz

Date: 3/25/2013

Full Name of Contributor: Charles Ambler

Contributor Address: 1125 East Baltimore Drive, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Professor

Employer: UTEP

Date: 3/25/2013

Full Name of Contributor: Joanne Burt

Contributor Address: 1089 Los Jardines Circle, El Paso TX 79912

Amount of Contribution: 50

Principal Occupation/Job Title: President Employer: The Gwinn Company LLC

Date: 3/25/2013

Full Name of Contributor: Laurence Sears

Contributor Address: 1528 Raynolds, El Paso TX 79903

Amount of Contribution: 25

Principal Occupation/Job Title: Adjunct Faculty

Employer: EPCC

3

JAN15 14 3:44PM

Date: 3/25/2013

Full Name of Contributor: Julie Tarwater

Contributor Address: 3919 O'Keefe, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Program Officer Employer: El Paso Community Foundation

Date: 3/25/2013

Full Name of Contributor: Marina Monsisvais

Contributor Address: 2209 Pittsburg Avenue, El Paso TX 79930

Amount of Contribution: 100

Principal Occupation/Job Title: Business owner

Employer: Barracuda PR

Date: 3/25/2013

Full Name of Contributor: Ted and Jacque Weymeyer

Contributor Address: 6102 Sierra Valle Lane, El Paso TX 79912

Amount of Contribution: 20

Principal Occupation/Job Title: Retired

Employer:

Date: 3/25/2013

Full Name of Contributor: John Byrd

Contributor Address: 818 Baltimore, El Paso TX 79902

Amount of Contribution: 25

Principal Occupation/Job Title: CEO Employer: Cinco Puntos Press

Date: 3/25/2013

Full Name of Contributor: Richard E. Pearson Contributor Address: 915 Kern, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Business owner

Employer: Squirrel Productions

JAN15 14 3:44PM

Date: 3/25/2013

Full Name of Contributor: Lauren Pace

Contributor Address: 5108 Prince Edward Avenue, El Paso TX 79924

Amount of Contribution: 20

Principal Occupation/Job Title: Bartender

Employer: Camino Real

Date: 3/25/2013

Full Name of Contributor: Martin Bartlett

Contributor Address: 3703 Cambridge, El Paso TX 79930

Amount of Contribution: 20

Principal Occupation/Job Title: Public Relations

Employer: El Paso Water Utilities

Date: 3/25/2013

Full Name of Contributor: Deborah Kastrin

Contributor Address: 3940 Falmingo, El Paso TX 79902

Amount of Contribution: 200

Principal Occupation/Job Title: Business owner

Employer: Kasco Ventures, Inc

Date: 3/25/2013

Full Name of Contributor: Richard Pineda

Contributor Address: PMB 442, 500 West University, el Paso TX 79968

JAN15 14 3:44PM

Amount of Contribution: 25

Principal Occupation/Job Title: Professor

Employer: UTEP

Date: 3/25/2013

Full Name of Contributor: Melissa McElroy

Contributor Address: 1106 Kelly Way, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Nurse Practioner

Employer: William Beaumont Hospital

Date: 3/25/2013

Full Name of Contributor: Evelina Ortega

Contributor Address: 1201 Cincinnati, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Attorney Employer: Evelina Ortega Law Office

Date: 3/25/2013

Full Name of Contributor: Judy Wendt

Contributor Address: 10 Goodwin Drive, El Paso TX 79902

Amount of Contribution: 200

Principal Occupation/Job Title: CEO

Employer: LaserTech

Date: 3/25/2013

Full Name of Contributor: Joel Guzman

Contributor Address: 1210 Los Angeles, El Paso TX 79902

JAN15 14 3:45PM

Amount of Contribution: 100

Principal Occupation/Job Title: Project Manager

Employer: Hunt Communities

Date: 3/25/2013

Full Name of Contributor: Jo Ann Bernal

Contributor Address: 10651 Janway, El Paso TX 79935

Amount of Contribution: 100

Principal Occupation/Job Title: County Attorney

Employer: County of El Paso

Date: 3/25/2013

Full Name of Contributor: Patricia Amezaga

Contributor Address: 10132 Trinidad Drive, El Paso TX 79925

Amount of Contribution: 40

Principal Occupation/Job Title: Teacher

Employer: EPISD

6

Date: 3/25/2013

Full Name of Contributor: Catherine Hudak

Contributor Address: 1009 North Florence Street, El Paso TX 79902

Amount of Contribution: 50

Principal Occupation/Job Title: Executive Director

Employer: Las Americas

Date: 3/25/2013

Full Name of Contributor: Eileen Karlsruher

Contributor Address: 35 Sun Point Lane, El Paso TX 79912

Amount of Contribution: 300

Principal Occupation/Job Title: Business owner

Employer: CSA Design

Date: 3/25/2013

Full Name of Contributor: Karla Frausto

Contributor Address: 2906 Silver Avenue, El Paso TX 79930

Amount of Contribution: 50

Principal Occupation/Job Title: Interior Designer

Employer:

Date: 3/26/2013

Full Name of Contributor: Jane Snow

Contributor Address: 4941 Meadowlark, El Paso TX 79922

Amount of Contribution: 250

Principal Occupation/Job Title: Corporate Counsel

Employer: Pizza Properties Inc.

Date: 3/26/2013

Full Name of Contributor: Christine Kelso

Contributor Address: 1506 Upson, El Paso TX 79902

Amount of Contribution: 50

Principal Occupation/Job Title: Attorney

Employer: Christine Kelso

7

JAN15 14 3:45PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

FILER NAME: Susannah Byrd

Date: 3/26/2013

Full Name of Contributor: Eddie Contreras, Sr.

Contributor Address: 1382 Vista Granada Drive, El Paso TX 79936

Amount of Contribution: 50

Principal Occupation/Job Title: Insurance Broker Employer: Eddie R. Contreras Insurance Broker

Date: 3/29/2013

Full Name of Contributor: Charles McNabb

Contributor Address: 5020 Montoya Drive, El Paso TX 79922

Amount of Contribution: 200

Principal Occupation/Job Title: Attorney

Employer: Gordon Davis Johnson Shane, PC

Date: 3/30/2013 JANIS 14 3:45PM

Full Name of Contributor: Jacob Navar

Contributor Address: 801 Country Club Road, El Paso TX 79932

Amount of Contribution: 40

Principal Occupation/Job Title: Reactor Operator Trainee/ Undergraduate Research

Assistant

Employer: Nuclear Engineering Teaching Lab

Date: 4/2/2013

Full Name of Contributor: Katherine Brennand

Contributor Address: 6006 Balcones Court, Apt. 27, El Paso TX 79912

Amount of Contribution: 100

Principal Occupation/Job Title: Self Employed

Employer: Investor

Date: 4/3/2013

Full Name of Contributor: Lee Shapleigh

Contributor Address: 817 E. Kerbey Avenue, El Paso TX 79902

Amount of Contribution: 150

Principal Occupation/Job Title: Attorney

Employer: County of El Paso

Date: 4/4/2013

Full Name of Contributor: Geoffrey Wright

Contributor Address: 1303 North Cotton, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Architect

Employer: Wright and Dalbin

Date: 4/6/2013

Full Name of Contributor: Daniel Skertchly

Contributor Address: 6505 Green Castle Road, #A, El Paso TX 79932

JAN15 14 3:45PM

Amount of Contribution: 750

Principal Occupation/Job Title: High School History Teacher

Employer: EPISD

Date: 4/7/2013

Full Name of Contributor: Sharon Miles-Bonart, Ph.D.

Contributor Address: 6524 Loma de Cristo Drive, El Paso TX 79912

Amount of Contribution: 50

Principal Occupation/Job Title: Associate Faculty

Employer: University of Phoenix

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Funds Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overheads	raising Expense Transportation Equi Contributions/Donal strict Candidate/Office	ipment & Related Expense	
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME SUSIL BY 1	3 ACCOUNT	# (Ethics Commission Filers)	
4 Date	5 Payee name	ttached		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas	s, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held JAH15 14 3:45PM	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	s, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	s, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	s, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES FILER NAME: Susannah Byrd

Date: 3/5/2013 Amount: \$31.30

Payee Name: United Bank of El Paso del Norte

Payee Address: 125 Mesa Hills Drive, El Paso TX 79912

Purpose of Expenditure
Category: Office Overhead
Description: Purchase of checks

Date: 3/5/2013 Amount: \$455.00

Payee Name: Coffee Creative

Payee Address: 12049 Meadow Gate, El Paso TX 79936

Purpose of Expenditure

Category: Advertising Expense

Description: Design work

Date: 3/22/2013 Amount: \$865.65

Payee Name: Coffee Creative

Payee Address: 12049 Meadow Gate, El Paso TX 79936

Purpose of Expenditure

Category: Advertising Expense, Printing Expense

Description: Design work and printing

Date: 4/1/2013 Amount: \$541.23

Payee Name: Stanton Street

Payee Address: 500 West Overland, El Paso TX 79901

Purpose of Expenditure

Category: Advertising expense Description: Voter database

Date: 4/5/2013 Amount: \$763.16

Payee Name: Display Services

Payee Address: 821 North Raynor, El Paso TX 79930

Purpose of Expenditure Category: Printing Expense Description: Yard signs JAN15 14 3:45PM

POLITICAL EXPENDITURES FILER NAME: Susannah Byrd

Date: 4/6/2013 Amount: \$335.58

Payee Name: Joe Vinny and Bronson

Payee Address: 824 Piedras, El Paso TX 79930

Purpose of Expenditure Category: Event Expense Description: Cateringin

Date: 4/6/2013 Amount: \$21.62

Payee Name: Home Depot

Payee Address: 7545 North Mesa, El Paso TX 79912

Purpose of Expenditure

Category: Advertising Expense

Description: Plastic ties for yard signs

Date: 4/8/2013 Amount: \$46.00

Payee Name: US Postmaster

Payee Address: 219 East Mills, El Paso TX 79901

Purpose of Expenditure Category: Office Overhead

Description: Postage

JAN15 14 3:45PM

P.O. Box 12070

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

				 			
1	ACCOUNT#		2 Total pag	es filed:	OFFIC	E USE ONLY	
3	CANDIDATE / OFFICEHOLDER NAME	MS/ MRS / MR	FIRST Susannah	MI	Date Received		
		NICKNAME Susie	Byrd	SUFFIX			
4	ORIGINAL REPORT	January 15	Runoff	Other (specify)	1	- 1	
	TYPE	July 15	Exceeded \$500 lim		Date Hand-delivered	as Pasterist and	
		30th day before election	on 15th day after treas	ure:	Case hand-denvered	orPosmanied	
		8th day before election	appointment (office	halder only)	Receipt #	Amount	
5	ORIGINAL PERIOD	Manth Day	Year	Morth Day Year	Date Processed		
	COVERED	4 / 12 /	2013 THROUGH	5 / 3 / 2013	Date Imaged	JAN15 14 3	:46PM
6	EXPLANATION OF CO	RRECTION					
		, I failed to report 5 contr lect changes made in the		re. I am correcting the Contr	ibution Balance o	n the Cover	
7	AFFIDAVIT		I swear, or affirm, u report is true and o	nder penalty of perjury, correct.	that this correc	cted	
			Check ONLY if app	licable:			
			semiannual report ment/correction is report was filed, I s	rts: This report is an a due on or after Septe filed on or after the eignment, or affirm, that the without an intent to mislened in the report.	ember 1, 2011 ghth day after coriginal repor	I. If amend- the original t was made	
		MARIA I. JACKSON MY COMMISSION EXPIRES January 12, 2015	September 1, 201 report not later that the report as o	excluding semiannual 1): I swear, or affirm, that an the 14th business da riginally filed is inaccuraterropior omission in the faith.	it I am filing thi by after the dal lite or incomple	s corrected te I learned te. I swear,	
	AFFIX NOTARY ST	AMP / SEAL ABOVE	6	Signature of Candida	ite or Officeholder		
		ed before me, by the said	Susannali	By od, this the	5 day of 2	January.	
1	20 14 , to ce	entify which, witness my h	· ·	•	At s	/	
-	Signature of officer adn	- YORKOM	Maria Tox Printed name of offic		Notar Title of offic	er administering oath	
_	Ognature of Outcor addi	minatemy caus	Transcribing of Offic	នា សភាមានជោព ម្យ ១៩៤ ៖	i we or one	er administering dans	
	R	emember To Attac	ch Any Part Of The	e Campaign Finance F	Report Form		

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER

CAMPAIGN FINANCE REPORT

P.O. Box 12070

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Etrics Commission Flers)	2 Total pages filed:	*
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Susannah	MI	OFFICE USE ONLY	
	NICKNAME LAST Susie Byrd	SUFFIX		
4 CANDIDATE /	ADDRESS / POBOX: APT / SUITE #, CITY:	STATE ZIP CODE	-	
OFFICEHOLDER MAILING ADDRESS	2701 Louisville, El Paso, Texas 79930	of trid to get befold to	Date Hand-delivered or Postmarked	
change of address			Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 204-9813	EXTERSION	Oute Processed	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Susannah	MI	Date Imaged JAN15 14	5:46PM
NAME	NICKNAME LAST	SUFFIX		
	Susie Byrd			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO PO BOX PLEASE) APT/ SUITE #: 2701 Louisville, El Paso, Texas 79930	CITY, STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 204-9813	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 ath day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Morth Day Year 4 / 12 / 2013 THROUGH	Month Day	Yesr 2013	
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 2013	Runoff 🗸	Geneal Special	
12 OFFICE	OFFICEHELD (if any) City Council Representative, District 2	13 OFFICESOUGHT (Slunown) EPISD School Board		
	GOTOPAG	5E2		<u> </u>

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF RICEHOLDER. THE SE 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 ADORESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	JRN15 14 3:46P	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
97 u. 106. u		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,150.00	
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$	
8 20.5 SON NOO SOO COO	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,983.53	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 3,521.93	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
y' o hape the second assessment		is true and correct and includes al	f perjury, that the accompanying report I information required to be reported by	
	MARIA I. JACKSON	me under Tiple 15, Election Code.	110	
20.22	January 12, 2015	Moun	w Byd	
		/ V Signature of Car	ndidate or Officeholder	
AFFIX NOTARY STAM	IP / SEAL ABOVE	Sussingle	D. d	
Sworn to and sub	worn to and subscribed before me, by the said OUSANNAN BYVA			
mmia W	Cherm	Maria I. chakson	Notary	
Signature of officer adm	inisteringoath	Printed name of officer administering oath	Title of officer administering oath	

3:46PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	1 Total pages Schedule A:				
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4	Date	5 Full name of contributorout-of-state PAC(ID#	1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
		6 Contributor address; City; State; Zip Code	Hadr	20			
		000		(If travel outside	of Texas, complete Schedule T)		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code					
		Contributor address, City, State, Zip Code			JAN15 14		
				(If travel outside o	of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I				
]		
	Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code					
				(If travel outside o	of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor out-of-state PAC (1D#:		Amount of contribution (\$)	in-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code		/If travel outside o	of Texas, complete Schadula T		
	Principal accur	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
	mo-par occup	when the fact introductions	2				
_	Data	Full come of contributes	. 1	Amount of	In-kind contribution		
	Date	Full name of contributor		contribution (\$)	description (if applicable)		
		Contributor address; City; State; Zip Code	or could not have	[
				If travel outside o	of Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See I				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Date: 4/22/2013

Full Name of Contributor: Kristi Borden Zacour

Contributor Address: 5409 La Estancia Circle, El Paso TX 79932

Amount of Contribution: 100

Principal Occupation/Job Title: Business Manager

Employer: Zacour and Associates, Inc.

Date: 4/25/2013

Full Name of Contributor: Stanley Jobe

Contributor Address: 1150 Southview Drive, El Paso TX 79928

Amount of Contribution: 250

Principal Occupation/Job Title: Materials supplier

Employer: Jobe Concretes

Date: 4/25/2013

Full Name of Contributor: Woody Hunt

Contributor Address: P.O. Box 12220, El Paso TX 79913

Amount of Contribution: 500

Principal Occupation/Job Title: Developer

Employer: Hunt Companies

Date: 4/23/2013

Full Name of Contributor: Mark Estrada

Contributor Address: 1508 Linkins Drive, El Paso TX 79925

Amount of Contribution: 200

Principal Occupation/Job Title: Business Owner

Employer: Thrifty Pharmacy

Date: 4/28/2013

Full Name of Contributor: John Sybert-Coronado

Contributor Address: 4277 Canterbury, El Paso TX 79902

Amount of Contribution: 100

Principal Occupation/Job Title: Teacher Employer: El Paso Community College

JAN15 14 3:46PM

3:46PM

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

**	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement							
Accounting/Banking		citation/Fundraising Expense	Transportation Equipment & Related Expense				
Consulting Expense	J .	el In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Event Expense Fees	• .	el Out Of District e Overhead/Rental Expense					
rees		ains how to complete this f	OTHER (enter a category not listed above)				
4 7-1-1 0-1-1-1-1	•	mis now to complete this i					
1 Total pages Schedule F:	2 FILER NAME	(1)	3 ACCOUNT # (Ethics Commission Filers)				
4 Date	5 Payee name	e atta	arth				
6 Amount (\$)	7 Payee address; City; State;	Zip Code					
8 PURPOSE OF	(a) Category (See categories listed at the top of this	schedule) (b) Description	n (if travel outside of Texas, complete Schedule T)				
EXPENDITURE							
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	oht Office held JAN15 1				
	Development						
Date	Payee name						
Amount (\$)	Payee address; City; State;	Zip Code					
	78						
PURPOSE	Category (See categories listed at the top of this	schedule) Description	1 (if travel outside of Texas, complete Schedule ₹)				
OF EXPENDITURE							
			A.A. COPPLANTAL				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held				
Date	Payee name						
Amount (\$)	Payee address; City; State;	Zip Code					
· · · · · · · · · · · · · · · · · · ·							
PURPOSE	Category (See categories listed at the top of this	schedule) Description	(If travel outside of Texas, complete Schedule T)				
OF							
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held				
Date	Payee name						
0010	i ayou rama						
Amount (\$)	Payee address; City; State;	 Zip Code					
``'	,,,,						
PURPOSE	Category (See categories listed at the top of this	ichedule) Description	(If travel outside of Texas, complete Schedule T)				
OF							
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES FILER NAME: Susannah Byrd

Date: 4/23/2013 Amount: \$189.44

Payee Name: Coffee Creative

Payee Address: 12049 Meadow Gate, El Paso TX 79936

Purpose of Expenditure

Category: Advertising expense

Description: Design work

Date: 4/23/2013 Amount: \$2,794.09

Payee Name: Airport Printing

Payee Address: 7A Leigh Fisher Boulevard, El Paso TX 79906

Purpose of Expenditure

Category: Advertising expense

Description: Printing and mailing services

JAN15 14 3:47PM

P.O. Box 12070

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1	ACCOUNT#			2 Total p	ages filed:	7		OFFIC	E USE ONLY	
3	CANDIDATE / OFFICEHOLDER NAME	MS/ MRS / MR NICKNAME Susie	FIRST Susannah LAST Byrd			V MI SUFFI	 C	Date Received		
4	ORIGINAL REPORT TYPE	January 15 July 15 30th day before election	Exc	noff peeded \$500 i in day after tre	limit	ther (specify)		Date Hand-delivered	I or Postmarked	
		8th day before election		pointment (at tal report	liceholder anly)			Receipt #	Amount	
5	ORIGINAL PERIOD COVERED	Month Day	Year 2013 TH	ROUGH	Morth 7		rear 2013	Date Imaged		
6	EXPLANATION OF CO	RRECTION							JAN15 14	3:47PM
	In my 30 day report, Sheet Page 2 to refl	I failed to report 5 contri ect corrections made in t	butions and he 30 day r	l 1 expend eport.	liture. I am c	orrecting the	Contrib	ution Balance o	in the Cover	
7	AFFIDAVIT		report is	true and	correct.	nalty of per	jury, tl	nat this corre	cted	
			Semiani semiann ment/cor report wa in good f	nual repual reportection is filed, i	ort <mark>due or</mark> is filed on I swear, o	or after to or after the r affirm, the n intent to	Septe ne eigl at the	mber 1, 201 hth day after original repo	orrection to a 1. If amend- the original rt was made epresent the	
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or mission in the report as originally filed was made in good faith AFFIX NOTARY STAMP / SEAL ABOVE										
	1.1.	ed before me, by the said		nnar	Hayr	, this th	ne	S day of a	January	
,	MATIO OL	tily which, witness my ha		of office.	chok	300		Notary		
	Signature of officer add	71			ficer administ	ering oath			er administering oath	
	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections									

Revised 09/01/2011

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

		1 ACCOUNT#		:		
The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed:				
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	Susannah		Date Received			
	NICKNAME LAST	SUFFIX	1	ŀ		
	Susie Byrd					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #, CITY,	STATE: ZIP CODE	1			
MAILING ADDRESS	2701 Louisville, El Paso, Texas 79930		Date Hand-delivered or Postmarked			
change of address			Receipt # Amount	i		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION				
OFFICEHOLDER PHONE	(915) 204-9813		Date Processed			
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged			
TREASURER NAME	Susannah					
	NICKNAME LAST	SUFFIX	3 Filit 14	3:47FM		
	Susie Byrd					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO PO BOX PLEASE). APT/SUITE#: 2701 Louisville, El Paso, Texas 79930	CIY, STATE,	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 204-9813	EXTENSION				
9 REPORT TYPE	January 15 30th day before election	Runotf	15th day after campaign treasurer appointment (cliochokleronly)			
	July 15 8th day before election	Exceeded \$500 family	Final report (Atach C/OH - FR)			
10 PERIOD COVERED	Marith Day Year 5 / 4 / 2013 THROUGH	Marsh Day 7 / 15 /	Yes 2013			
11 ELECTION	BLECTION DATE Marth Day Year 5 / 11 / 2013	Rundi 🕡 (Geneal Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (flutown)				
	EPISD School Board Trustee-Elect	EPISD School Board, D	district 3			
GOTOPAGE2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

				_			
14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL COMMITTEES OF SUPPORT THE CANDIDATE OF POLITICAL COMMITTEES OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE	COMMITTEE NAME Texas State Teachers Association Political Action Committee					
	GENERAL						
	SPECIFIC	COMMITTEE ADDRESS 316 West 12th Street, Austin, Texas 78701					
		COMMITTEE CAMPAIGN TREASURER NAME Ed Martin					
additional pages				_			
		COMMITTEE CAMPAIGN TREASURER ADDRESS 316 West 12th Street, Austin, Texas 78701	JAN15 14	3:47PM			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S., LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,951.25				
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,138.95				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	AY \$ 2,132.96				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD						
18 AFFIDAVIT			perjury, that the accompanying report information required to be reported by				
MY MY	MARIA I. JACKSON Y COMMISSION EXPIRES January 12, 2015	me under Title 15, Election Code.	lidate or Officeholder				
Sworn to and subs			this the ny hand and seal of office.				

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

3:47PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	1 Total pages Schedule A:		
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		6 Contributor address; City; Stafe; Zip Code	hed	/fif trough authida	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	or reass, comprete screening ()
	Date	Full name of contributor	TOTAL ROLL ENERGY ENERGY	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			ј јан15 14
				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
_	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside of	I of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		[
- 17				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
	Principal occur	nation / Joh title /See Instructions)	Employer (See I		of Texas, complete Schedule T)
	- morpar occup	pation / Job title (See Instructions)	Employer (See I	nau ucuuris)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Date: 5/4/2013

Full Name of Contributor: Lynn Coyle

Contributor Address: 2700 Richmond, El Paso TX 79930

Amount of Contribution: \$250

Principal Occupation/Job Title: Attorney Employer: Dominguez Coyle Law Firm

Date: 5/16/2013

Full Name of Contributor: Gary Sapp

Contributor Address: 4204 Park Hill Drive, El Paso TX 79902

Amount of Contribution: \$500

Principal Occupation/Job Title: Developer

Employer: Hunt Communities

Date: 5/13/2013 JANIS 14 3:47PM

Full Name of Contributor: Texas State Teachers Association PAC Contributor Address: 316 West 12th Street, Austin TX 78701

Amount of Contribution: \$2,201.25 Principal Occupation/Job Title:

Employer:

In-kind contribution description: Printing and mailing of endorsement postcards

3:47PM

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	ATEGORIES FOR BO: calaries/Wages/Contract Labo colicitation/Fundraising Expensive In District Policitic Overhead/Rental Expensive Overhead/Rental Expensive Inc.	r Loan Repayment/Reimb se Transportation Equipme Contributions/Donations Candidate/Officehold nse OTHER (enter a catego	nt & Related Expense Made By ler/Political Committee	
1 Total pages Schedule F:	2 FILER NAME	(),	3 CCOUNT # (E	thics Commission Filers)	
4 Date	5 Payee name	OAHW	Jr-C'		
6 Amount (\$)	7 Payee address; City; State	ZipCode			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	this schedule) (b) Desc	ription (If travel outside of Texas, con	pplete Schedule T)	
9 Complete ONLY if direct	Candidate / Officeholder name	Office	sought	Office held	
expenditure to benefit C/C)H			JANI5 1	
Date	Payee name				
Amount (\$)	Payee address; City; State	; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Desc	ription (If travel outside of Texas, com	plete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Descr	ription (If travel outside of Texas, com	pplete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought	Office held	
Date	Рауее паме				
Amount (\$)	Payee address; City; State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories fisted at the top of	his schedule) Descri	ription (If travel outside of Texas, com	plete Schedule T)	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office	sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES FILER NAME: Susannah Byrd

Date: 5/6/2013 Amount: \$1,223.46

Payee Name: Airport Printing

Payee Address: 7 Leigh Fisher Boulevard, El Paso TX 79906

Purpose of Expenditure

Category: Advertising expense

Description: Printing and mailing services

Date: 5/9/2013 Amount: \$81.19

Pavee Name: Coffee Creative

Payee Address: 12049 Meadow Gate, El Paso TX 79936

Purpose of Expenditure

Category: Advertising expense

Description: Design work

Date: 5/9/2013 Amount: \$266.30

Payee Name: Display Services

Payee Address: 821 North Raynor, El Paso TX 79930

Purpose of Expenditure
Category: Printing Expense
Description: Yard signs

Date: 5/31/2013 Amount: \$568.00

Payee Name: Mark Campos (El Paso Municipal Police Officers Association)

JAN15 14 3:47PM

Payee Address: 747 East San Antonio, Suite 103, El Paso TX 79901

Purpose of Expenditure Category: Donations

Description: Vans for Fallen Officer Trip

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH instruction	Guide explains how to comp		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME		ARIA ZS	MI SUFFIX	OFFICE USE ONLY Date Received JAN 8 14 7:3:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT		STATE; ZIP CODE	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	909 EZ DORADO AREA CODE PHONE N (915-) 353-36	UMBER	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR F	AST	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA	ASE). APT/SUITE#	CITY STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (915) 562 - 3	UMBER	EXTENSION	
9 REPORT TYPE		th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4/1/13	THROUGH	Month Day	Year 2013
11 ELECTION	Month ELECTION DATE Year	ELECTION TYPE Primary	Runolf	General Special
12 OFFICE	OFFICEHELD (Many) EZPA- INSEPENDENT SC BOARD OF TRUSTO	THOOL DISTRICT		n)

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	-SEZA 6	HSTANON WILLIAMS	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE SHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	JAN 8 14 7:36P
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	;	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEE	\$ 0
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIS	ZED \$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ \$ 2782.40
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	



is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

certify which, witness my hand and seal of office.

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

JAN 8 14 7:36 1 Total pages Schedule A The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) FILER NAME In-kind contribution Amount of description (if applicable) contribution (\$) 6 Contributor address; City: State: Zlp Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Amount of Date Full name of contributor out-of-state PAC (ID# description (if applicable) contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of contributor out-of-state PAC (ID# Date description (If applicable) contribution (\$) City; State; Zip Code Contributor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID# Date description (if applicable) contribution (\$) City, State, Zip Code Contributor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID# Date description (if applicable) contribution (\$) City; State; Zlp Code Contributor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Revised 04/19/2013

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B	JAN 8 14 7:36
FILER NAME	3 ACCOUNT # (Ethics Comm	nission Filers)
MARIA TERA CASTANON WILLIAMS		
TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒	⇒ ⇒ ⇒ \$	
Date 6 Full name of pledgor out-of-state PAC (ID#		kind description if applicable)
7 Pledgor address; City; State; Zip Code	Ø	
	(If travel outside of Texas, co	mplete Schedule T)
Principal occupation / Job title (See Instructions) 11 Employ	er (See Instructions)	
Date Full name of pledgor out-of-state PAC (ID#) Amount of In-k	ind description
	pledge (\$) (i	f applicable)
Pledgor address; City, State, Zip Code		
	(If travel outside of Texas, co	mplete Schedule T)
Principal occupation / Job title (See Instructions) Employ	er (See Instructions)	
Date Full name of pledgor out-of-state PAC (ID#		ind description f applicable)
Pledgor address; City; State, Zip Code	(34 %)	
	(If travel outside of Texas, co	mplete Schedule T)
Principal occupation / Job title (See Instructions) Employ	er (See Instructions)	
Date Full name of pledgor out-of-state PAC (ID#		ind description f applicable)
Pledgor address; City, State, Zip Code		
	(If travel outside of Texas, co	mplete Schedule T)
Principal occupation / Job title (See Instructions) Employ	er (See Instructions)	
Date Full name of piedgor out-of-state PAC (ID#		ind description f applicable)
Pledgor address; City; State; Zip Code	i i	
	(If travel outside of Texas, co	mplete Schedule T)
Principal occupation / Job title (See Instructions) Employ	er (See Instructions)	ripioto doricale y

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

www.ethics.state.tx.us Revised 04/19/2013

LOANS

SCHEDULE E

The	Instruction Guide explains how to co	mplete this form.	Total pages Schedule E: JRN 8 14 7:36
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
MARIA	SEZ A CHSTANON	nGLLIAM S	
4	L OF UNITEMIZED LOANS:		\$ 0
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N	N/A		11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
		15 Check if personal funds were d	Innesited into colitical account
14 Description of Co	llateral	15 Check if personal funds were u	reposited into political account
none	17 Name of guarantor		19 Amount Guaranteed (\$)
16 GUARANTOR INFORMATION	17 Name or guarantor		
not applicable	18 Guarantor address; City;	State Zip Code	107 101
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#	Loan Amount (\$)
Is lender a financial	Lender address; City, State;	Zip Code	Interest rate
Institution?			Maturity date
	tion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal funds were d	eposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address, City,	State, Zip Code	
Principal Occupa	tion (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 04/19/2013 www.ethics.state.tx.us

POLITICAL EXPENDITURES

SCHEDULE F

JAN 8 14 7:36F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Glft/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense

Polling Expense **Printing Expense** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 FILER NAME ISERA CASTANON WILLIAMS MAKIA 5 Рауее пате 4 Date 7 Payee address: City; State; Zip Code 6 Amount (\$) (a) Category (See categories issted at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** 8 OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date State Zip Code Payee address, City; Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Payee address; City; State; Zip Code Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City, State, Zip Code Amount (\$) Payee address; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES FOR BOX 8(a)

JAN 8 14 7:36PM

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

500-00 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	The Instruction Guide explains how to	
1 Total pages Schedule G	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
/	MARIA ISERA CHSTANDA	VICILIAAS
4 Date	5 Payee name N/A	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	(8)
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

JAN 8 14 7436P

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Control Solicitation/Fundraisin Travel In District Travel Out Of Distric Office Overhead/Ren ide explains how to co	ract Labor Loar ng Expense Tran Cont t C tal Expense OTH	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (Ethics Commission Filers)
/	MARIA TSELA	(ASTAUM/	AGILIAMS	
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City;	State, Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the	e top of this schedule)	b) Description (If trav	rel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nan	ne	Office sought	Office held
Date	Business name			
Amount (\$)	Business address, Clty;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T}
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nan DH	ne	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the	e top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nar OH	me	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City;	State, Zip Code		

Category (See categories listed at the top of this schedule)

Candidate / Officeholder name

Office held

Description (If travel outside of Texas, complete Schedule T)

Office sought

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

JAN 8 14 7:36PF

(a)	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I: / 4 Date	2 FILER NAME MARIA TSETA (ASTRIBUTI) 5 Payee name	3 ACCOUNT # (Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)
Date	Payee name	
Amount (\$)	Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAME	I I SELA CASTANON WILLIAMS	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City, State; Zip Code	8
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received. City; State, Zip Code	
	Purpose for which amount is received	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE IT 7:37P

The Instr	ruction Guide	explains how to co	omplete this form.	1	Total pages Schedule T:	
		CHSTHNON			ACCOUNT # (Ethics Com	nmission Filers)
Name of Contributor	/ Corporation	or Labor Organization	/ Pledgor / Payee			
Contribution / Expend	diture reported	on:			11	
Sc	hedule A	Schedule B	Schedule C	Schedule D	Schedule F	Schedule G
Sc	hedule H	Schedule N	сон-ис	сон-т	PAC-C	PAC-E
Dates of travel	7 Name of	f person(s) traveling				
	8 Departur	e city or name of depa	arture location			
	9 Destinati	on city or name of de	stination location			
) Means of transporta	tion	11 Purpose of travel	(including name of c	onference, sem	inar, or other event)	
Name of Contributor /	Corporation of	r Labor Organization /	Pledgor / Payee			
Contribution / Expendi	iture reported o	on:				
Sc	hedule A	Schedule B	Schedule C	Schedule D	Schedule F	Schedule G
Sc	chedule H	Schedule N	COH-UC	сон-т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
	Departure	city or name of depart	ure location			
	Destination	city or name of desti	nation location			
Means of transportatio	on	Purpose of travel (in	ncluding name of cor	ference, semina	ar, or other event)	
Name of Contributor /	Corporation o	r Labor Organization /	Pledgor / Payee		***************************************	
Contribution / Expend	iture reported	on;				
Sc	hedule A	Schedule B	Schedule C	Schedule D	Schedule F	Schedule G
Sc	hedule H	Schedule N	COH-UC	сон-т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
	Departure	city or name of depart	ure location			
	Destination	city or name of destin	nation location			
Means of transportation	n	Purpose of travel (in	ncluding name of cor	iference, semina	ar, or other event)	

CANDIDATE	1	OFF	ICE	HO	LDER
CAMPAIGN	FI	NAN	CE	RE	PORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

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 Mr. I rA NICKNAME LAST David Doolar	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; 56 Sun Point E177480 TX 7 9 AREA CODE PHONE NUMBER (918) 589 539 3	STATE; ZIP CODE	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MYS. Debra NICKNAME LAST Debrie Hester	MI	Date Imaged Worch 3 2014
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE*; 6102 Pinehuvst EI Paso TX 79		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 587 527	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 2014
11 ELECTION	Month Clay Year ELECTION TYPE Primary	Runoff (General Special
12 OFFICE	School Board Trustee	13 OFFICE SOUGHT (if known)	
	GOTOPAG	E2	

1:50PI

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ICA DO	evid Doclae	15 ACCOUNT # (Ethics Commission Filers)			
16 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 OF 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	MAR 3 1			
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ Ø.ØØ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø.ØØ \$ Ø.ØØ			
EXPENDITURE TOTALS	3. TOTAL F	міzed \$ Ф.ФФ				
. ,	4. TOTAL	POLITICAL EXPENDITURES	\$ 9. 99			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ Ø. ØØ			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ p. pg			
18 AFFIDAVIT		65				
	ROBYN ESTA My Commission E August 23, 20	is true and correct and includes a me under Title 15, Election Code.	of perjury, that the accompanying report Il information required to be reported by and the control of the cont			
AFFIX NOTARY STAM		me, by the said Ira David Pa	dac this the			
<u> </u>	of March		my hand and seal of office.			
SK-C814	<u>la</u>	Kobyn Estala	Notary			
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officel administering oath			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMITAIG	TIMAROE REPORT		GOVER SHEET FG T			
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 MR. CAMPULES NICHOLAME (MULL TAYLOR	MO SUFFIX	OFFICE USE ONLY Date Received MAR17	14 11:45A)		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	POST OFFICE BE	STATE ZIPCODE SHUTTY SE TROUT	Date Hand-delivered or Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA GODE PHONE NUMBER (915) 757-2333	EXTENSION	Receipt # Amount Date Processed	:		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MARKES MICKNAME LAST TAYLOR	NI SUFFIX	Date Imaged March 17, 2014 &	<u>a</u>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT I SUITE #: #501 CRS #on (E) PAGD, TEX	Incle 195 799	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 7577-233	EXTENSION				
9 REPORT TYPE	July 15 30th day before election Sth day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)	-		
10 PERIOD COVERED	Month Day Year Old 15/20/3 THROUGH	Month Day	TO DATE			
11 ELECTION	Month Day Year ELECTION TYPE	Runoff (General Special			
12 OFFICE	OFFICE HELD (Many)	13 OFFICE SOUGHT (if known)	5	e		
GOTOPAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SUPPORT & TOTALS			COVER SHEET PG 2
14 C/OH NAME	harle	3 N. TAYlon, IR 15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT T CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE		
	COMMITTEE TYPE	COMMITTEE NAME	
Ď W	GENERAL SPECIFIC	_COMMITTEE ADDRESS	9.
	:	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	ž.
			}
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$-0-
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 75.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ED \$
	4. TOTAL POLITICAL EXPENDITURES		\$ 685.16
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	\$ 53,54	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	\$ 738,70	
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.			
ELIZABETH ARLENE CORONEL My Commission Expires			
June 10, 2017 Signature of Candidate or Officeholder			
Sworn to and subscribed before me, by the said WAVIS TOULDY, this the			
day of March , 20 14 , to certify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			