

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 Filer)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Susannah	MI	OFFICE USE ONLY
	NICKNAME	LAST Byrd	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 2701 Louisville, El Paso, Texas 79930			
<input type="checkbox"/> change of address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received
	(915)	204-9813		Date Hand-delivered or Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Susannah	MI	Receipt #
	NICKNAME	LAST Byrd	SUFFIX	Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 2701 Louisville, El Paso, Texas 79930			Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged
	(915)	204-9813		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH
	7	15	2013	1 / 15 / 2014
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE	
	/ /		<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)	
	EPISD Trustee, District 3-Elect			

JAN 15 14 3:42 PM

GOTO PAGE 2

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)

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,132.96

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

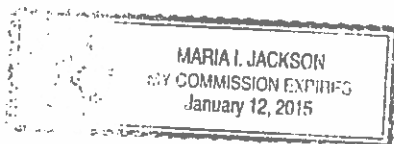
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

JAN 15 14 3:42 PM

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Susannah Byrd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Maria I. Jackson
Signature of officer administering oath

Maria I. Jackson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>See attached</i>	
6 Amount (\$)	7 Payee address; <i>City; State; Zip Code</i>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
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, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
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, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
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, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
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, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

JAN 15 14 3:43PM

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

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Susannah (Susie) Byrd

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

JAN15 14 3:43PM

Check only 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 contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>17</u>		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				Date Processed	
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
Month		Day	Year	Month	Day	Year	
3 /		1 /	2013	THROUGH	4 /	11 /	2013

6 EXPLANATION OF CORRECTION

In closing out my bank account and reconciling against my campaign reports, I determined that I failed to report 5 contributions 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.

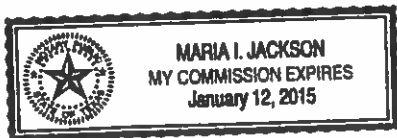
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

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.



Susannah Byrd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 15th day of January

20 14, to certify which, witness my hand and seal of office.

Yvonne Jackson
Signature of officer administering oath

Maria I. Jackson
Printed name of officer administering oath

Notary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Susannah		
	NICKNAME	LAST	SUFFIX
	Susie	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, Texas 79930		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	204-9813	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Susannah		
	NICKNAME	LAST	SUFFIX
	Susie	Byrd	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	2701 Louisville, El Paso, Texas 79930		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	204-9813	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	3	1	2013
	THROUGH	Month	Day
		4	11
11 ELECTION	Month	ELECTION DATE Day	Year
	5	11	2013
	ELECTION TYPE		
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		
	City Council Representative, District 2		
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)		
	EPISD Trustee, District 3		
GO TO PAGE 2			

JAN 15 14 3:44 PM

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)

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

JAN 15 14 3:44PM

17 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)

\$ 8,415.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,059.54

CONTRIBUTION
BALANCE

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

\$ 5,355.46

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 75, Election Code.



Susannah Byrd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

Maria I. Jackson
Signature of officer administering oath

Maria I. Jackson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 10

2 FILER NAME Susie Byrd 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>See attached</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

3:44PM

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

Date: 3/1/2013

Full Name of Contributor: Robert Ardivino

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

Amount of Contribution: 100

Principal Occupation/Job Title: Restaurant Owner

Employer: Ardivino'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

JAN15 14 3:44PM

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:

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

Date: 3/7/2013

Full Name of Contributor: Jo Ann Casey

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

Amount of Contribution: 100

Principal Occupation/Job Title: County Judge

Employer: County of El Paso

JAN15 14 3:44PM

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 Buckingham, El Paso TX 79902

Amount of Contribution: 50

Principal Occupation/Job Title: Bookkeeper

Employer: Self Employed

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

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

JAN15 14 3:44PM

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

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

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:

JAN15 14 3:44PM

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

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

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

JAN15 14 3:44PM

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

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

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

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

Amount of Contribution: 100

Principal Occupation/Job Title: Project Manager

Employer: Hunt Communities

JAN15 14 3:45PM

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

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

JAN15 14 3:45PM

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

**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

JAN15 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

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

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

Amount of Contribution: 750

Principal Occupation/Job Title: High School History Teacher

Employer: EPISD

JAN15 14 3:45PM

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Susie Byrd</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------------------------	--

4 Date	5 Payee name <i>SEE attached</i>
--------	----------------------------------

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, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <i>JAN 15 14</i>
---	-------------------------------	---------------	------------------------------

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, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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

JAN15 14 3:45PM

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

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

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 2 Total pages filed: 7 OFFICE USE ONLY 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI Susannah Susie LAST SUFFIX Byrd 4 ORIGINAL REPORT TYPE 5 ORIGINAL PERIOD COVERED 6 EXPLANATION OF CORRECTION 7 AFFIDAVIT

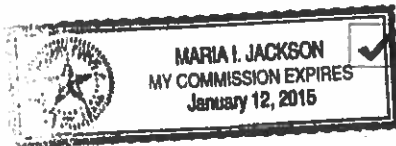
JAN 15 14 3:46PM

In my 30 day report, I failed to report 5 contributions and 1 expenditure. I am correcting the Contribution Balance on the Cover Sheet Page 2 to reflect changes made in the 30 day report.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



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.

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 15 day of January 20 14, to certify which, witness my hand and seal of office.

Maria I. Jackson Signature of officer administering oath Maria I. Jackson Printed name of officer administering oath Notary Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Susannah		
NICKNAME	LAST	SUFFIX	
	Susie 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, Texas 79930		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	204-9813	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Susannah		
NICKNAME	LAST	SUFFIX	
	Susie Byrd		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	2701 Louisville, El Paso, Texas 79930		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	204-9813	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	4	12	2013
THROUGH		Month	Day
		5	3
11 ELECTION	Month	Day	Year
	5	11	2013
ELECTION DATE		ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		
	City Council Representative, District 2		
13 OFFICE SOUGHT (if known)		EPISD School Board Trustee, District 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

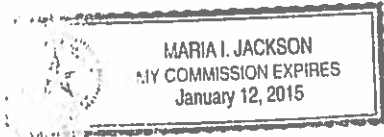
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
--------------	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

JAN 15 14 3:46 PM

17 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)	\$ 1,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,983.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,521.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susannah Byrd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Maria I. Jackson
Signature of officer administering oath

Maria I. Jackson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
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)
6 Contributor address; City; State; Zip Code		<div style="font-size: 2em; font-family: cursive; opacity: 0.5;">see attached</div> <small>(If travel outside of Texas, complete Schedule T)</small>	
<div style="font-size: 2em; font-family: cursive; opacity: 0.5;">see attached</div>			
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)
Contributor address; City; State; Zip Code		 <small>(If travel outside of Texas, complete Schedule T)</small>	
 <small>(If travel outside of Texas, complete Schedule T)</small>			
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		 <small>(If travel outside of Texas, complete Schedule T)</small>	
 <small>(If travel outside of Texas, complete Schedule T)</small>			
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		 <small>(If travel outside of Texas, complete Schedule T)</small>	
 <small>(If travel outside of Texas, complete Schedule T)</small>			
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		 <small>(If travel outside of Texas, complete Schedule T)</small>	
 <small>(If travel outside of Texas, complete Schedule T)</small>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

JAN15 1 3:46PM

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

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

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**

JAN15 14 3:46PM

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**

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------	--

4 Date	5 Payee name
--------	--------------

see attached

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, complete Schedule T)
--------------------------	--	---

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

JAN 15 11 3:46 PM

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, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #, 2 Total pages filed: 7, OFFICE USE ONLY, 3 CANDIDATE / OFFICEHOLDER NAME, 4 ORIGINAL REPORT TYPE, 5 ORIGINAL PERIOD COVERED

6 EXPLANATION OF CORRECTION JAN 15 14 3:47PM

In my 30 day report, I failed to report 5 contributions and 1 expenditure. I am correcting the Contribution Balance on the Cover Sheet Page 2 to reflect corrections made in the 30 day report.

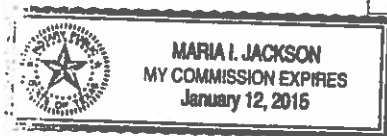
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

[X] Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011.

[] 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.



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 15 day of January

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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: <div style="font-size: 2em; text-align: center;">6</div>																	
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:10%; font-size: 8px;">MI</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Susannah</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td>Susie</td> <td style="text-align: center;">Byrd</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Susannah			NICKNAME	LAST	SUFFIX		Susie	Byrd			OFFICE USE ONLY		
MS / MRS / MR	FIRST	MI																		
	Susannah																			
NICKNAME	LAST	SUFFIX																		
Susie	Byrd																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8px;">ADDRESS / PO BOX:</td> <td style="width:15%; font-size: 8px;">APT / SUITE #:</td> <td style="width:15%; font-size: 8px;">CITY:</td> <td style="width:10%; font-size: 8px;">STATE:</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">2701 Louisville, El Paso, Texas 79930</td> </tr> </table>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	2701 Louisville, El Paso, Texas 79930					Date Received								
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE																
2701 Louisville, El Paso, Texas 79930																				
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:20%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>(915)</td> <td>204-9813</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(915)	204-9813		Date Hand-delivered or Postmarked												
AREA CODE	PHONE NUMBER	EXTENSION																		
(915)	204-9813																			
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:10%; font-size: 8px;">MI</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Susannah</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td>Susie</td> <td style="text-align: center;">Byrd</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Susannah			NICKNAME	LAST	SUFFIX		Susie	Byrd			Receipt # Amount		
MS / MRS / MR	FIRST	MI																		
	Susannah																			
NICKNAME	LAST	SUFFIX																		
Susie	Byrd																			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:15%; font-size: 8px;">APT / SUITE #:</td> <td style="width:10%; font-size: 8px;">CITY:</td> <td style="width:10%; font-size: 8px;">STATE:</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">2701 Louisville, El Paso, Texas 79930</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	2701 Louisville, El Paso, Texas 79930					Date Processed								
STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE																
2701 Louisville, El Paso, Texas 79930																				
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:20%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>(915)</td> <td>204-9813</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(915)	204-9813		Date Imaged												
AREA CODE	PHONE NUMBER	EXTENSION																		
(915)	204-9813																			
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" 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)									
<input 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 checked="" 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> <td style="width:20%;"></td> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td>5</td> <td>/</td> <td>4</td> <td>2013</td> <td style="text-align: center;">THROUGH</td> <td>7</td> <td>/</td> <td>15</td> <td>/</td> <td>2013</td> </tr> </table>			Month	Day	Year		Month	Day	Year	5	/	4	2013	THROUGH	7	/	15	/	2013
Month	Day	Year		Month	Day	Year														
5	/	4	2013	THROUGH	7	/	15	/	2013											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td>5</td> <td>/</td> <td>11</td> <td>/</td> <td>2013</td> </tr> </table>	Month	Day	Year	5	/	11	/	2013	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>			ELECTION TYPE				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
Month	Day	Year																		
5	/	11	/	2013																
ELECTION TYPE																				
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																	
12 OFFICE	OFFICE HELD (if any) EPISD School Board Trustee-Elect	13 OFFICESOUGHT (if known) EPISD School Board, District 3																		

JAN 13 14 3:47PM

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
--------------	---

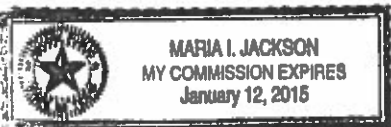
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Texas State Teachers Association Political Action Committee
		COMMITTEE ADDRESS 316 West 12th Street, Austin, Texas 78701
		COMMITTEE CAMPAIGN TREASURER NAME Ed Martin
		COMMITTEE CAMPAIGN TREASURER ADDRESS 316 West 12th Street, Austin, Texas 78701

JAN 15 14 3:47PM

17 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)	\$ 2,951.25
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,138.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 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

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 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Maria I. Jackson
Signature of officer administering oath

Maria I. Jackson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: *2*

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

See attached

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

JAN 15 14 3:47 PM

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd**

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

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

JAN15 14 3:47PM

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name *see attached*

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, complete Schedule T)

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

JAN 15 11 3:47 PM

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, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH 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) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH 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) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 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
Payee Name: Coffee Creative
Payee Address: 12049 Meadow Gate, El Paso TX 79936
Purpose of Expenditure
Category: Advertising expense
Description: Design work**

JAN15 14 3:47PM

**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)
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

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 11				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MARIA ISELA	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <p style="text-align: right;">JAN 8 14 7:38 PM</p> <p style="font-size: 1.2em; text-align: center;">January 8, 2014</p> <p style="text-align: right; font-size: 1.5em;">e</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Postmarked <p style="font-size: 1.5em; text-align: center;">1/8/2014</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount	Date Processed	Date Imaged
	Receipt #	Amount					
Date Processed	Date Imaged						
NICKNAME	LAST	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>change of address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST CARMEN	MI				
7 CAMPAIGN TREASURER ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input checked="" type="radio"/> January 15 <input type="radio"/> July 15	<input type="radio"/> 30th day before election <input type="radio"/> 8th day before election	<input type="radio"/> Runoff <input type="radio"/> Exceeded \$500 limit				
10 PERIOD COVERED	Month Day Year 7 / 1 / 13	THROUGH	Month Day Year 12 / 31 / 2013				
11 ELECTION	ELECTION DATE Month Day Year 5 / 14 / 2011	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) EL PASO INDEPENDENT SCHOOL DISTRICT BOARD OF TRUSTEES DISTRICT 2	13 OFFICE SOUGHT (if known) SAME					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>MARIA IZERA CASTANON WILLIAMS</u>	15 ACCOUNT # (Ethics Commission Filers)
--	---

16 NOTICE FROM POLITICAL COMMITTEE(S) additional pages	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	COMMITTEE NAME
	SPECIFIC	COMMITTEE ADDRESS JAN 8 14 7:36PM
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. 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 LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Maria Castanon Williams
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria Castanon Williams this the 08 day of January 20 14, to certify which, witness my hand and seal of office.

Magaly R Mendicoa Magaly R Mendicoa Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

JAN 8 14 7:36

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>MARIA TERESA CASTANON WILLIAMS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <i>N/A</i> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>0</i> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: JAN 8 14 7:36PM	
2 FILER NAME <i>MARIA TSEZA CASTANON WILLIAMS</i>				3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒				\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)		
	7 Pledgor address; City; State; Zip Code	<i>0</i>			
				(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: JAN 8 14 7:36PM
2 FILER NAME <i>MARIA ISEZA CASTANON WILLIAMS</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <i>0</i>
5 Date of loan	7 Name of lender out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>N/A</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (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.

POLITICAL EXPENDITURES

SCHEDULE F

JAN 8 14 7:36P

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1</i>	2 FILER NAME <i>MARIA TERESA CASTANON WILLIAMS</i>	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date	5 Payee name <i>N/A</i> <i>Ø</i>
---------------	--

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, complete Schedule T)
--------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

JAN 8 14 7:36PM

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G <i>1</i>		2 FILER NAME <i>MARIA TSELA WASTANON WILLIAMS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name <i>N/A</i>			
6 Amount (\$) Reimbursement from political contributions intended		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, complete Schedule T)	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		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, complete Schedule T)	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		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, complete Schedule T)	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		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, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

TAN 2 14 7:36P

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <i>1</i>	2 FILER NAME <i>MARIA TERESA CASTANON WILLIAMS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name <i>N/A</i>	
6 Amount (\$)	7 Business 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, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

JAN 8 14 7:36PM

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME MARIA ISBELA CASTANON WILLIAMS		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
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)	
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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K
JUN 8 14 7:37PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <i>1</i>
2 FILER NAME <i>MARIA ISRA CASTANON WILLIAMS</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$) <i>0</i>
	6 Address of person from whom amount is received, City, State, Zip Code	
	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T 7:37P

The Instruction Guide explains how to complete this form.						1 Total pages Schedule T: <u>1</u>
2 FILER NAME <i>MARIA TERESA CASTANON WILLIAMS</i>						3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported on:						
Schedule A		Schedule B		Schedule C		Schedule D
Schedule H		Schedule N		COH-UC		COH-T
Schedule F			Schedule G			
PAC-C		PAC-E				
6 Dates of travel		7 Name of person(s) traveling				
		8 Departure city or name of departure location				
		9 Destination city or name of destination location				
10 Means of transportation			11 Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A		Schedule B		Schedule C		Schedule D
Schedule H		Schedule N		COH-UC		COH-T
Schedule F			Schedule G			
PAC-C		PAC-E				
Dates of travel		Name of person(s) traveling				
		Departure city or name of departure location				
		Destination city or name of destination location				
Means of transportation			Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A		Schedule B		Schedule C		Schedule D
Schedule H		Schedule N		COH-UC		COH-T
Schedule F			Schedule G			
PAC-C		PAC-E				
Dates of travel		Name of person(s) traveling				
		Departure city or name of departure location				
		Destination city or name of destination location				
Means of transportation			Purpose of travel (including name of conference, seminar, or other event)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Ira MI: D. NICKNAME: David LAST: Dodge SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 56 Sun Point Lane El Paso TX 79912	Date Received: MAR 31 1:50PM Date Hand-delivered or Postmarked: March 3 2014	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 584 5393 EXTENSION:	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Debra MI: NICKNAME: Debra LAST: Hester SUFFIX:	Date Processed:	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 6102 Pinehurst El Paso TX 79912	Date Imaged: March 3 2014	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 587 5270 EXTENSION:		
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 THROUGH Month Day Year 06 / 30 / 2013 01 / 15 / 2014		
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) School Board Trustee	13 OFFICE SOUGHT (if known)	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ira David Dodge 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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

MAR 3 14 1:50PM

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ira David Dodge
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ira David Dodge, this the 3rd day of March, 20 14, to certify which, witness my hand and seal of office.

R. Estala Signature of officer administering oath
Robyn Estala Printed name of officer administering oath
Notary Title of officer administering oath

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 Files)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Charles</i> MI: <i>N</i> NICKNAME: <i>Chuck</i> LAST: <i>Taylor</i> SUFFIX: <i>JR</i>	OFFICE USE ONLY Date Received: <i>MAR 17 14 11:45 AM</i> <i>gm</i> Date Hand-delivered or Postmarked: Receipt #: Amount: Date Processed: Date Imaged: <i>March 17, 2014 ea</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <i>Post Office Box 4443</i> APT / SUITE #: CITY: <i>El Paso</i> STATE: <i>TEXAS</i> ZIP CODE: <i>79914</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(915)</i> PHONE NUMBER: <i>757-2335</i> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Charles</i> MI: <i>N</i> NICKNAME: <i>Chuck</i> LAST: <i>Taylor</i> SUFFIX: <i>JR</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>4501 Croton Circle</i> APT / SUITE #: CITY: <i>El Paso</i> STATE: <i>TEXAS</i> ZIP CODE: <i>79924</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(915)</i> PHONE NUMBER: <i>757-2335</i> EXTENSION:		
9 REPORT TYPE	<input 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 checked="" 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: <i>06</i> Day: <i>15</i> Year: <i>2013</i> THROUGH Month: <i>/</i> Day: <i>/</i> Year: <i>TO DATE</i>		
11 ELECTION	ELECTION DATE Month: <i>/</i> Day: <i>/</i> Year:	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Charles N. Taylor, Jr 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

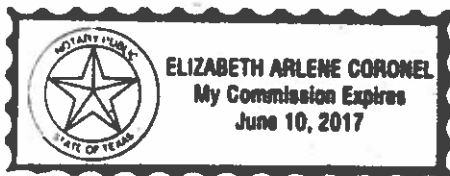
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 685.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 53.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.



Charles N. Taylor, Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Taylor, this the 7 day of March, 20 14, to certify which, witness my hand and seal of office.

E. Arlene Coronel E. Arlene Coronel Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath