

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MS

Dorothy

M.

NICKNAME

LAST

SUFFIX

Sissy

Byrd

OFFICE USE ONLY

Date Received

10/5/2020 10:00:23 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 24180

El Paso

Texas 79914

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 8613159

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms

Ramona

r

NICKNAME

LAST

SUFFIX

Becky

Williams Shaw-Gr

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

5344 Isaias Avalos Lane

El Paso

Texas 79934

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 3550936

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

07/01/2020

THROUGH

Month Day Year

09/30/2020

11 ELECTION

ELECTION DATE

Month Day Year

11/03/2020

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 4 Representative

GO TO PAGE 2

City Clerk Dept.
10/6/2020 9:34:04 AM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
MS Dorothy M. Byrd

15 Filer ID (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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4205. |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 1805 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 939.09 |
| 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 | \$ 1000. |

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.

Dorothy M Byrd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dorothy M Byrd, this the 6 day of October, 2020, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
10/6/2020 9:34:04 AM

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | |
|--|---|
| 19 FILER NAME MS Dorothy M. Byrd | 20 Filer ID (Ethics Commission Filers) |
|--|---|

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 990.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3215 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 1000. |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 826.11 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 4.50 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 108.48 |
| 10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

City Clerk Dept.
10/6/2020 9:34:04 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2

2 FILER NAME

MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

07/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jose R. Rodriquez

6 Contributor address; City; State; Zip Code
100 No. Ochoa Street Ste. A, El Paso, Tx 79901

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)
State Senator

9 Employer (See Instructions)

Date

09/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Carroll G. Robinson

Contributor address; City; State; Zip Code
3401 Prospect St, .Houston, Tx 77004

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

09/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jeanette M. Walker

Contributor address; City; State; Zip Code
7128 Portugal El Paso, Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

09/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Karen E. Powers

Contributor address; City; State; Zip Code
6209 Cadiz St. El Paso, Tx 79912

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)
Retired

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.

City Clerk Dept.
10/6/2020 9:34:04 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2

2 FILER NAME

MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

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

Eric Igwe

6 Contributor address; City; State; Zip Code

5929 Siltstone Ln Fort Worth, Tx 76137

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

Project Manager

9 Employer (See Instructions)

Lockheed Martin

Date

08/13/2020

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

Shirley A Smith

Contributor address; City; State; Zip Code

10705 Pleasant Sand El Paso Tx 79924

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/27/2020

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

Ernesto Dominquez

Contributor address; City; State; Zip Code

4115 Moonlight Ave El Paso, Tx 79924

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/24/2020

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

Texas Black Democrats PAC

Contributor address; City; State; Zip Code

10Saulnier St

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

PAC

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.

City Clerk Dept.
10/6/2020 9:34:04 AM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
3

2 FILER NAME
MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$3215.

5 Date
08/15/2020

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

7 Contributor address; City; State; Zip Code
10732 Texarkana St El Paso tx 79924

8 Amount of Contribution \$
65

9 In-kind contribution description
65 Metal Farms for yard signs

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
County Commission

11 Employer (FOR NON-JUDICIAL) (See Instructions)
County of El Paso

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
08/16/2020

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

Contributor address; City; State; Zip Code
5020 Fairbanks Apt 103c El Paso Tx 79924

Amount of Contribution \$
25

In-kind contribution description
Campaign T-Shirt

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Retired

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

City Clerk Dept.
10/6/2020 9:34:04 AM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
3

2 FILER NAME
MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$3215.

5 Date
07/17/2020

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

7 Contributor address; City; State; Zip Code
8004 Gilbert Dr El Paso Tx 79907

8 Amount of Contribution \$
25

9 In-kind contribution description
Magnetic Car Sign

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Retired

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
08/31/2020

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

Contributor address; City; State; Zip Code
2909 Pino Alto El Paso Tx 79938

Amount of Contribution \$
500

In-kind contribution description
Photography

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
CEO

Employer (FOR NON-JUDICIAL) (See Instructions)
Cassion Photography

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

City Clerk Dept.
10/6/2020 9:34:04 AM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
3

2 FILER NAME
MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$3215.

5 Date
07/31/2020

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

7 Contributor address; City; State; Zip Code
3620 Tierra Alba El Paso Tx 79938

8 Amount of Contribution \$
200

9 In-kind contribution description
Photos and video

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Self employed

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
08/07/2020

Full name of contributor out-of-state PAC (ID#: _____)
Reggie / Sharon Berry

Contributor address; City; State; Zip Code
4698 C R 4200, Lovelady, Tx 75851

Amount of Contribution \$
2400

In-kind contribution description
Website, maintenance and updates

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
CEO / COO

Employer (FOR NON-JUDICIAL) (See Instructions)
BAR-B7 Ranch

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

City Clerk Dept.
10/6/2020 9:34:04 AM

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

MS Dorothy M. Byrd

3 Filer ID (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 contribution description

7 Pledgor address; City; State; Zip Code

Check 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 contribution description

Pledgor address; City; State; Zip Code

Check 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 contribution description

Pledgor address; City; State; Zip Code

Check 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 contribution description

Pledgor address; City; State; Zip Code

Check 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:
1

2 FILER NAME

MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1000.00

5 Date of loan

07/22/2020

7 Name of lender

Dorothy M. Byrd

out-of-state PAC (ID#: TX)

9 Loan Amount (\$)

1000

6 Is lender a financial Institution?

Y

8 Lender address; City; State; Zip Code

10948 Ted Williams Place

10 Interest rate

0

11 Maturity date

11/14/2020

12 Principal occupation / Job title (See Instructions)

Insurance Specialist

13 Employer (See Instructions)

Our Angel Home Health, Inc.

14 Description of Collateral

none

15



Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

Dorothy M. Byrd

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

10948 Ted Williams Place

1000

not applicable

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 (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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.

City Clerk Dept.
10/6/2020 9:34:04 AM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME MS Dorothy M. Byrd | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/28/2020 | 5 Payee name Signs on the Cheap | |
| 6 Amount (\$) 826.11 | 7 Payee address; City; State; Zip Code 10948 Ted Williams Place El Paso Tx 79934 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Marketing | (b) Description Marketing purchased yard signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Dorothy M Byrd | Office sought City Council District 4 Re |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
10/6/2020 9:34:04 AM

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F2: 0 | 2 FILER NAME MS Dorothy M. Byrd | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

| | |
|---------------|---------------------|
| 5 Date | 6 Payee name |
|---------------|---------------------|

| | |
|----------------------|---|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|----------------------|---|

| | |
|------------------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|---|

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 11 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 |
|-------------|--------------------------------------|

| | |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

City Clerk Dept.
10/6/2020 9:34:04 AM

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
10/6/2020 9:34:04 AM

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: 1 | 2 FILER NAME MS Dorothy M. Byrd | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|--|--------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 4.5 |
|--|--------|

| | |
|-----------------------------|--|
| 5 Date 08/01/2020 | 6 Payee name Firstlight Credit Union |
|-----------------------------|--|

| | |
|---------------------------|--|
| 7 Amount (\$) 1 | 8 Payee address; City; State; Zip Code |
|---------------------------|--|

| | | |
|------------------------------|---|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|---|--|

| | | |
|----------------------------------|--|------------------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Bank Fee | (b) Description Bank fee |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|--|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Dorothy M Byrd | Office sought City Council District 4 | Office held |
|---|---|--|-------------|

| | |
|--------------------|----------------------|
| Date 08/10/2020 | Payee name Paypal |
|--------------------|----------------------|

| | |
|--------------------|---|
| Amount (\$) 3.5 | Payee address; City; State; Zip Code |
|--------------------|---|

| | | |
|----------------------------|---|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|---|--|

| | | |
|-------------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fee | Description Fee to transfer funds |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|--|--|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Dorothy M. Byrd | Office sought City Council District 4 | Office held |
|--|--|--|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
10/6/2020 9:34:04 AM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule G: 2 | 2 FILER NAME MS Dorothy M. Byrd | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/25/2020 | 5 Payee name Dorothy M. Byrd | |
| 6 Amount (\$) 41.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 10948 Ted Williams Place I Paso Tx 79934 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description Snacks and water for Youth Football Teams |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought City Council District 4 Repre |
| Date 08/27/2020 | Payee name Dorothy M. Byrd | |
| Amount (\$) 5.4 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 10948 Ted Williams Place El Paso Tx 79934 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description cables for yard signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought City Council District 4 Repre |
| Date 08/13/2020 | Payee name Dorothy M. Byrd | |
| Amount (\$) 43.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 10948 Ted Williams Place El Paso Tx 79934 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description Office Supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought City Council District 4 Repre |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
10/6/2020 9:34:04 AM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule G: 2 | 2 FILER NAME MS Dorothy M. Byrd | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/13/2020 | 5 Payee name Dorothy M. Byrd | |
| 6 Amount (\$) 18.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 10948 Ted Williams Place El Paso Tx 79934 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Office Supplies |
| | <input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought City Council District 4 Repre |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 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

City Clerk Dept.
10/6/2020 9:34:04 AM

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule H: 0 | 2 FILER NAME MS Dorothy M. Byrd | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 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

City Clerk Dept.
10/6/2020 9:34:04 AM

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule I: 0 | 2 FILER NAME MS Dorothy M. Byrd | 3 Filer ID (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 | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
10/6/2020 9:34:04 AM

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

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 Check if political contribution returned to filer

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 Check if political contribution returned to filer

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 Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
10/6/2020 9:34:04 AM

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME
MS Dorothy M. Byrd

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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 A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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 A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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

City Clerk Dept.
10/6/2020 9:34:04 AM

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

MS Dorothy M. Byrd

2 Filer ID (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

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

City Clerk Dept.
10/6/2020 9:34:04 AM