

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) 00000028	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Dorothy M.	MI	OFFICE USE ONLY
	NICKNAME Sissy	LAST Byrd	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 10948 Ted Williams Pl El Paso, TX 79934			Date Hand-delivered or Date Postmarked
				Receipt # _____ Amount _____
				Date Processed _____
				Date Imaged _____
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Dorothy	MI	
	NICKNAME Sissy	LAST Byrd	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10948 Ted Williams Place El paso, TX 79934			
7 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 861-3159	EXTENSION	
8 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council District 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 10

13 C / OH NAME Byrd, Dorothy M. (Ms.)	14 Filer ID (Ethics Commission Filers) 00000028
--	---

15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,345.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,523.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	307.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

Ms. Dorothy M. Byrd

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 10

18 FILER NAME Byrd, Dorothy M. (Ms.)		19 Filer ID (Ethics Commission Filers) 00000028
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,220.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 125.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 923.92
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 600.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/10
2 FILER NAME Byrd, Dorothy M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00000028
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGUILAR, ROSA <hr/> 6 Contributor address; City; State; Zip Code 1544 SIERRE DE ORO DR EL PASO, TX 79936	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGIE , GARCIA (Mrs.) <hr/> Contributor address; City; State; Zip Code 14512 THAYER PEASE AVE HORIZON CITY, TX 79928	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEARD, ROSE (Mrs.) <hr/> Contributor address; City; State; Zip Code 3023 PERSHING DR EL PASO, TX 79903	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) HIRBY PEST CONTROL
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORONADO, SERGIO (Commissioner) <hr/> Contributor address; City; State; Zip Code 201 LISA CANUTILLO, TX 79835	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) COMMISSIONER		Employer (See Instructions) CITY OF EL PASO
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALDSON, DALUPHIA <hr/> Contributor address; City; State; Zip Code 14212 DESERT STONE DR. EL PASO, TX 79924	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/10
2 FILER NAME Byrd, Dorothy M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00000028
4 Date 08/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MAYTE <hr/> 6 Contributor address; City; State; Zip Code 10948 GOLDEN POND DR EL PASO, TX 79924	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) HOMEMAKER		9 Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALLIBURTON, BETTY (Mrs.) <hr/> Contributor address; City; State; Zip Code 3820 QUILL ST EL PASO, TX 79904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, HECTOR <hr/> Contributor address; City; State; Zip Code 11621 LAURA MARIE DR EL PASO, TX 79936	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELVER, JIMMY <hr/> Contributor address; City; State; Zip Code 4716 ACADEMY CIRCLE EL PASO, TX 79924	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, MCCARTHY <hr/> Contributor address; City; State; Zip Code 11456 JIM FERRIELL EL PASO, TX 79936	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/10
2 FILER NAME Byrd, Dorothy M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00000028
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSENBAUM, NOEL <hr/> 6 Contributor address; City; State; Zip Code 405 VALPLANO EL PASO, TX 79912	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, SHIRLEY (Mrs.) <hr/> Contributor address; City; State; Zip Code 11932 MESQUITE MIEL EL PASO, TX 79934	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, RAMONA <hr/> Contributor address; City; State; Zip Code 2706 FRANKFORT EL PASO, TX 79930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, DONALD <hr/> Contributor address; City; State; Zip Code 3301 RAINDANCE DR EL PASO, TX 79936	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/10	
2 FILER NAME Byrd, Dorothy M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00000028	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/17/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TILMAN, DEMITRIS	8 Amount of contribution (\$) \$125.00	9 In-kind contribution description BUSINESS CARDS
	7 Contributor address; City; State; Zip Code 12332 CLIFTON HILL RD HORIIZON, TX 79928	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CLERK		11 Employer (FOR NON-JUDICIAL) (See instructions) U.S. ARMY	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 8/10	2 FILER NAME Byrd, Dorothy M. (Ms.)	3 Filer ID (Ethics Commission Filers) 00000028
4 Date 07/01/2023	5 Payee name FIRSTLIGHT CREDIT UNION	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 9993 KENWORTHY ST EL PASO, TX 79934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FLATWEAR, CUPS AND NAPKINS FOR EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BYRD, DOROTHY	Office sought CITY COUNCIL REP District 4
Date 10/29/2023	Payee name MT NEEDLES EMBROIDERY	
Amount (\$) \$45.47	Payee address; City; State; Zip Code 9900 DYER ST EL PASO, TX 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAGNATIC SIGNS FOR AUTO
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BYRD, DOROTHY	Office sought CITY COUNCIL REP District 4
Date 11/01/2023	Payee name NEXTSTYLE DESIGN COMPANY	
Amount (\$) \$110.42	Payee address; City; State; Zip Code 8626 DYER ST EL PASO, TX 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-SHIRTS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BYRD, DOROTHY	Office sought CITY COUNCIL REP District 4

POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 9/10	2 FILER NAME Byrd, Dorothy M. (Ms.)	3 Filer ID (Ethics Commission Filers) 00000028
4 Date 09/13/2023	5 Payee name SIGNSONTHECHEAP	
6 Amount (\$) \$758.03	7 Payee address; City; State; Zip Code 11550 STONEHOLLOW DR AUSTIN, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BYRD, DOROTHY	Office sought CITY COUNCIL DISTRICT 4
	Office held	

POLITICAL EXPENDITURES 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: Sch: 1/1 Rpt: 10/10	2 FILER NAME Byrd, Dorothy M. (Ms.)	3 Filer ID (Ethics Commission Filers) 00000028
4 Date 09/15/2023	5 Payee name GARCIA, BETTY (Ms.)	
6 Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11200 WILLIAM MCCOOL ST EL PASO, TX 79934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CATERING FOR CAMPAIGN FUNDRAISER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BYRD, DOR	Office sought CITY COUNCIL Office held
Date 07/30/2023	Payee name MICHEAL OUSLEY	
Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 1248 JACKSONVILLE, TX 75766	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BYRD, DOROTHY	Office sought CITY COUNCIL REP Office held