CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MS Dorothy NICKNAME LAST	MI M. 	OFFICE USE ONLY Date Received
	Sissy Byrd		1/15/2021 10:10:12 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 10948 Ted Williams Place Texas 79934	CITY; STATE; ZIP CODE El Paso	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	area code phone number (915) 8613159	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms Ramona	R	Date Processed
	Becky Williams Sh	naw Gra	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 5344 Isaias Avalos Lane Texas 79934	UITE #; CITY;	STATE; ZIP CODE El Paso
8 CAMPAIGN TREASURER PHONE	area code Phone Number (915) 3550936	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10/25/2020	Month THROUGH 01/15.	Day Year /2021
11 ELECTION	ELECTION DATE Month Day Year Primary 11/03/2020 Ceneral	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known City Council Place	
	GO TO	PAGE 2	

City Clerk Dept. 1/18/2021 5:18:04 PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

City Clerk Dept. 1/18/2021 5:18:04 PM

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
Ms Dorothy M. By	rd				
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				
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN SES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ 0		
	-	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00		
EXPENDITURE TOTALS	3. TOTAL	\$			
	4. TOTAL	POLITICAL EXPENDITURES	^{\$} 450.88		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. PORTING PERIOD	^{4Y} \$ 9.75		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	^E \$ 0		
18 AFFIDAVIT	1		1		
		I swear, or affirm, under penalty of perj true and correct and includes all inform under Title 15, Election Code.			
		Dorothy M Byrd			
		Signature of Candid	ate or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, I	by the said Dorothy M Byrd	, this the _ _18		
_{day of} January		to certify which, witness my hand and seal of office.			
]	Mary Katz			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 FILER N		20 Filer ID (Ethics Con	mmission Filers)
Is Dorot	hy M. Byrd		
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 150.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 450.88
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	^{\$} 1197.01

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Vis Dorothy I	M. Byrd		
1 Date	5 Full name of contributorout-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Enriqueta G. Fierro		
0/28/2020	6 Contributor address; City; 8612 Whitus Dr.	State; Zip Code	50
		1	
Principal occu etired	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
² FILER NAM	—		3 Filer ID (Ethics Commission Filers)
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 _{Date} 11/03/2020	 Full name of contributor out-of-state PAC (ID#: Texa Ramona R Williams Shaw Graham Contributor address; City; State; 5344 Isaias Avalos Lane 	IS) Zip Code	 8 Amount of Contribution \$ 9 In-kind contribution description Refreshments for Watch Party on election Night Check if travel outside of Texas. Complete Schedule T.
10 Principal occ Supply Ser	upation / Job title (FOR NON-JUDICIAL)(See Instructions) geant	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct		

PLEDGED CONTRIBUTIONS

SCHEDULE B

City Clerk Dept. 1/18/2021 5:18:04 PM

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedu	ile B:
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Ms Dorothy	M. Byrd			
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; S	tate; Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occu	upation / 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; S	atate; Zip Code		
				de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; S	state; Zip Code		· · ·
			Check if travel outsid	de of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code		· · · · · · · · · · · · · · · · · · ·
Principal occu	pation / Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T.
		Employer (See	instructions)	
If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins		-	requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 0
² FILER NAME Ms Dorothy M.	Byrd		3 Filer ID (Ethics Commission Filers)
y	, 		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable not applicable Principal Occupa	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Charle if paragraph fun	do were dependent into political
none		account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES	-OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
3	Ms Dorc	othy M. Byrd				
4 Date	5 Payee na	me				
12/03/2020	Walmart					
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
5.38	4530 W	oodrow Beam El Pas	o Tx			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Office S	upplies		Cords for sign	IS	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	⁺ Doroth	y M Byrd	City	Council Distric	ct 4 Re	
Date	Payee na	me				
11/01/2020	Walmar	t				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
95.87	4530 W	oodrow Beam El Paso	o Tx			
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF	Supplies	s - Marketing		Paper, ink car	indges and i	ape
EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	a expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	4			C		
	Doroin	y M Byrd	City	Council Distric	l 4 Re	
Date	Payee na	ame				
11/03/2020	Walmart					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
82.85	4530 W	oodrow Bean El Paso	ТХ			
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this severage Expense	schedule)	Description Watch Party F Election Night		for the
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	Doroth	/ M Byrd	City	Council Distric	t 4 Re	
	Δ٣	TACH ADDITIONAL COPIES	OF THIS		FDFD	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Cradit Card Parmot	Fees O Food/Beverage Expense Pe By Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
3	Ms Dorothy M. Byrd		
4 Date	5 Payee name Sam's		
11/03/2020 6 Amount (\$)	7 Payee address;	City;	State; Zip Code
10.78	9498 Gateway El Paso Tx	0.0,	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food/Beverages Expense		Refreshments for Election
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name ^H Dorothy M Byrd	Office sought City Council Distric	Office held of 4 Re
Date	Payee name		
11/03/2020	Norma Sterling		
Amount (\$)	Payee address;	City;	State; Zip Code
50	5020 Fairbanks Apt 103c El Pas	о Тх	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Food/Beverage Expense		for Watch Party Election
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[⊣] Dorothy M Byrd	City Council Distric	xt 4 Re
Date	Payee name	•	
11/03/2020	Northgate Optimist Club		
Amount (\$)	Payee address;	City;	State; Zip Code
100	4201 Skyline Ave El Paso Tx		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Event Expense		ling for Watch Party on
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[⊣] Dorothy M Byrd	City Council Distric	t 4 Re
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. **1** Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 Ms Dorothy M. Byrd 4 Date 5 Payee name 12/03/2020 You Eat I Eat 6 Amount (\$) 7 Payee address; Zip Code City; State: 100 8888 Dyer St El Paso Tx (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Donation Donation for local food pantry PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Dorothy M Byrd City Council District 4 Re Payee name Date 11/19/2020 FirstLight Fed Credit Union Amount (\$) City; State: Zip Code Payee address; 5 Kenworthy El Paso Tx Category (See Categories listed at the top of this schedule) Description Charge for checks Banking PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Dorothy M Byrd City Council District 4 Re Payee name Date 12/01/2020 FirstLight Fed Credit Union Amount (\$) Payee address; Zip Code City; State: Kenworthy El Paso Tx 1 Category (See Categories listed at the top of this schedule) Description Banking Monthly Banking Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Dorothy M Byrd City Council District 4 Re ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

SCHEDULE F1

UNPAID INC	URRED OBLIGATIONS	SCHEDULE F2
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
0	Ms Dorothy M. Byrd	
4 TOTAL OF UNITEN	IZED UNPAID INCURRED OBLIGATIONS	Other (enter a category not listed above) 3 3 Filer ID (Ethics Commission Filers) \$ 3
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if At	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	Check if travel outside of Texas. Complete Schedule T. Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Ms Dorothy	M. Byrd	
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	Sity; 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; C	ity; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

EXPENDIT	JRES MADE BY CR		SCHE	DULE F4
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	-		3 Filer ID (Ethics (Commission Filers)
	MIZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule) (b) Description		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	f this schedule) Description		
	Check if travel outside of Texas. Comp		ustin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office h	eiù
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE \mathbf{G}

EXPENDITUR	$\mathbf{r} = \mathbf{c} + \mathbf{T} = \mathbf{c} + \mathbf{c}$	POV 0(-)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling E Printing B Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
1 Total pages Schedule G: 0		thy M. Byrd			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	ne			1	
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	' (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee nai	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held
Date	Payee na	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEE	DED	

		EXPENDITURE CA	TEGORIES FO	DR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	By	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overh Polling Expe Printing Expe		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
	1 -	The Instruction Guide exp	plains how to cor	nplete this form.		
Total pages Schedule H:	² FILER NA				3 Filer ID (Ethics	Commission Filers)
Date	5 Business r	name				
Amount (\$)	7 Business a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	his schedule) (I) Description		
	(c) Ch	neck if travel outside of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	Of	fice sought		Office held
Date	Business r	name				
Amount (\$)	Business a	address;		City;	State;	Zip Code
PURPOSE OF	Category (S	See Categories listed at the top of th	nis schedule)	Description		
EXPENDITURE	Ch	eck if travel outside of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		e / Officeholder name	Of	fice sought	(Office held
Date	Business r	name				
Amount (\$)	Business a	address;		City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of t	his schedule)	Description		
EXPENDITURE	Ch	neck if travel outside of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
	Candidat			fice sought		Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Total pages Schedule I	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
	Ms Dorothy M. Byrd				
Date	5 Payee name				
Amount (\$)	7 Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sea required.)	e instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sea required.)	e instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
	Category (See instructions for examples of acceptable	Description (Sea	e instructions regard	ding type of	information

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

Forms provided by Texas Ethics Commission

SCHEDULE K

City Clerk Dept. 1/18/2021 5:18:04 PM

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
Ms Dorothy I	M. Byrd		
4 Date	5 Name of person from whom amount is received Dorothy M Byrd		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	1000
12/03/2020	10948 Ted Williams Place El Paso Tx		
	7 Purpose for which amount is received Check if Loan Repayment	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Dorothy M Byrd		
	Address of person from whom amount is received; City; Sta	ate; Zip Code	5.4
12/03/2020	10948 Ted Williams PI EI Paso Tx		
	Purpose for which amount is received Check if Reimbursement - Advertising Expense 8/27/2020	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Dorothy M Byrd		
	Address of person from whom amount is received; City; Sta	te; Zip Code	41.66
12/03/2020	10948 Ted Williams PI EI Paso Tx		
	Purpose for which amount is received Check if Reimbursement-Donation Football Team Snacks/Dr	political contribution inks 9/25/202	
Date	Name of person from whom amount is received Dorothy M Byrd		Amount (\$)
		ate; Zip Code	43.18
12/03/2020	10948 Ted Williams PI EI Paso Tx		
	Purpose for which amount is received Check if Reimbursement -Office Supplies 8/13/2020	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:					
² FILER NAME Ms Dorothy I	M Byrd		s Commission Filers)					
4 Date	5 Name of person from whom amount is received Dorothy M Byrd		8 Amount (\$)					
12/03/2020	6 Address of person from whom amount is received; City; Sta 10948 Ted Williams PI EI Paso Tx	te; Zip Code	18.24					
	7 Purpose for which amount is received Check if Reimbursement-Office Supplies 8/13/2020	political contribution	returned to filer					
Date	Name of person from whom amount is received Dorothy M Byrd		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code	88.53					
12/03/2020	10948 Ted Williams PI EI Paso Tx							
	Purpose for which amount is received Check if Reimbursement-Office Supplies 10/16//2020	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	te; 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; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED						

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

SCHEDULE T

The Instru	uction Guide	explains h	how to complete	this form.		1 Total pages Schedule T:	0
2 FILER NAME						3 Filer ID (Ethics Commis	ssion Filers)
4 Name of Contributor		or Labor Or	ganization / Pledge	or / Pavee			
	ee.perateri	0. 2000. 0.3	gam_alon / 1 loag)ent
5 Contribution / Expend	liture reported	l on:					¥
Schedule A2	Sche	edule B	Schedule B(J	J) Sch	edule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Sch	edule H	Schedule COH-UC	Schedule F1
6 Dates of travel	7 Name of	f person(s) t	raveling				
	8 Departu	re city or nai	me of departure lo	cation			
	9 Destinat	ion city or na	ame of destination	location			
10 Means of transportat	ion	11 Purpos	e of travel (includir	ng name of co	nference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor Or	ganization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J	J) Sch	edule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Sch	edule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	f person(s) t	traveling				
	Departu	re city or na	me of departure lo	cation			
	Destinat	ion city or n	ame of destination	location			
Means of transportat	ion	Purpos	e of travel (includi	ng name of co	onference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor Or	ganization / Pledge	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Schedu	Ile B	Schedule B(J)	Schedu	ıle C2	Schedule D	Schedule F1
Schedule F2	Schedu	ıle F4	Schedule G	Schedu	ile H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	f person(s) t	traveling				
	Departu	re city or na	me of departure lo	cation			
	Destinat	ion city or n	ame of destination	location			
Means of transportat	ion	Purpos	se of travel (includi	ng name of co	onference, s	eminar, or other event)	
	FA	TTACH ADI	DITIONAL COPIE	ES OF THIS S	CHEDULE	EASNEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

C/OH	NAME	2 Filer ID	(Ethics Commission Filers)
ls Do	rothy M. Byrd		
SIGN	ATURE		
ing a r	ot expect any further political contributions or political exper report as a final report terminates my campaign treasurer a butions or make any campaign expenditures without a cam	ppointment. I also understand that I m	_
		Signature of Cano	didate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officehold	r ••	
A.	CAMPAIGN FUNDS		
Che	eck only one:		
	I do not have unexpended contributions or unexpended	interest or income earned from politica	l contributions.
	I have unexpended contributions or unexpended intere- may not convert unexpended political contributions or personal use. I also understand that I must file an a unexpended contributions or unexpended interest or inc this final report. Further, I understand that I must dispo- income earned on political contributions in accordance	unexpended interest or income earned nual report of unexpended contributio ome earned on political contributions loo se of unexpended political contributions	d on political contributions to ns and that I may not retain nger than six years after filing s and unexpended interest or
В.	ASSETS		
Che	ck only one:		
	I do not retain assets purchased with political contributi	ons or interest or other income from pol	itical contributions.
	I do retain assets purchased with political contributions that I may not convert assets purchased with political c personal use. I also understand that I must dispose of requirements of Election Code, § 254.204.	ontributions or interest or other income	from political contributions to
		Signature	of Candidate
	CEHOLDER mplete this section <i>only</i> if you are an officeholder		
	I am aware that I remain subject to filing requirements app file. I am also aware that I will be required to file reports o officeholder, I retain political contributions, interest or othe cal contributions or interest or other income from politic	icable to an officeholder who does not ha unexpended contributions if, after filing t r income from political contributions, or a	he last required report as an