### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

Τŀ	e C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00000028	-	2 Total pages fi	led: 9		
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
	OFFICEHOLDER	Ms.	Dorothy M.						
	NAME		Borotity in			Date Received			
						ELECTRONIC	ALLY FILED		
		NICKNAME	LAST		SUFFIX	07/15/2024			
		Sissy	Byrd		0011.00				
		0.009	Буїй						
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	TY;	ZIP CODE	Date Hand-delivered of	or Date Postmarked		
	OFFICEHOLDER MAILING	10948 Ted Williams Pl							
	ADDRESS					Receipt #	Amount		
	Change of Address	El Paso, TX 79934				Date Processed	•		
						Date Imaged			
5	CAMPAIGN	MS / MRS / MR	FIRST		MI				
ľ	TREASURER	Ms.	Dorothy						
	NAME	1013.	Dorotiny						
		NICKNAME	LAST		SUFFIX				
		Sissy	Byrd						
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP	r / SUITE #; CITY;	ST	ATE; ZIP CODE		
ľ	TREASURER	10948 Ted Williams Place			,		,		
	ADDRESS								
	(Residence or Business)								
		El paso, TX 79934							
7	CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION					
	TREASURER PHONE	(915) 861-3159							
	THOME								
8	REPORT								
	TYPE	January 15	30th day before	e election	Runoff	15th day after ca	mpaign treasurer		
			-			appointment (offi			
		X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)		
9	PERIOD	Month Day Year			Month Day	Year			
	COVERED	01/01/2024	Tł	HROUGH	06/30/2024	4			
10	ELECTION	ELECTION DATE			ELECTION TYPE				
		Month Day Year		Primary	Runoff	Other			
		11/05/2024		2					
				General	Special				
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)			
					City Council Dist	rict 4			
1									
∟									
1									
1									
1	GO TO PAGE 2								
Ļ	me provided by T-	vac Ethios Commission	120-0	thing state to	2	1/04-1	$00 \sqrt{410} d070 c = 0$		
гU	ппърточией ву те	xas Ethics Commission	www.et	thics.state.tx.u	5	versi	on V4.1.0.d378aba0		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 9

13 C / OH NAME	Byrd, Dorothy M. (M	5.)	14 Filer ID 00000028	(Ethics Commiss	sion Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expen These expenditures may have been made with d officeholders are required to report this informa	out the candidate's or offic	ceholder's knowle	edge or	
Additional Pages						
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAM	E			
		COMMITTEE CAMPAIGN TREASURER ADD	RESS			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		s, \$	0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$	205.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITIC	AL EXPENDITURES	\$	918.63		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF TH	E LAST DAY OF THE	\$	172.45	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS	AS OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT	•					
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	es all information required			
		Ν	/Is. Dorothy M. Byrd			
		Signature	e of Candidate or Officeh	older		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
		aid	, this the	d	ay	
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of offic	er administering c	oath	
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0	).d378aba(	

SUBTOTALS - C/OH	СС	FORM C/OH OVER SHEET PG 3 3 of 9
18 FILER NAME Byrd, Dorothy M. (Ms.)	19 Filer ID 00000028	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$</b> 205.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 318.63
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 600.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/9 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Byrd, Dorothy M. (Ms.) 0000028 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 04/17/2024 \$105.00 GONZALEZ, MAYTE (Ms.) 6 Contributor address; City; State; Zip Code 10948 Golden Pond Dr. EL PASO, TX 79924 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) HOMEMAKER Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) ) 02/22/2024 \$100.00 HERNANDEZ, HECTOR Contributor address; City; State; Zip Code 11621 Laura Marie Dr EL PASO, TX 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

# 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 Credit Card Payment			nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction	ials Expense	Office Ove Polling Ex Printing E Salaries/V			Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/3 Rpt: 5/9		Byrd, Dorot						00000028	
4	Date	5	Payee name							
	05/30/2024		El Paso Dei	mocratic Part	у					
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode			
	\$25.00		1401 MONT	TANA AVE						
			EL PASO, 1	TX 79902						
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising							nplete Schedule T.
									officeholder living	
							Advertising s	ign	for State Co	onvention
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			ceholder name		Office sou	•		Office h	eld
		·· E	BYRD, DOR	OTHY	(		UNCIL District 4			
	Date		Payee name							
			(see previou	us)						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode			
	PURPOSE	(2)	Cotoconi				(b) Description			
	OF	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)			de of Texas. Com , officeholder living	nplete Schedule T. g expense
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	C	Office sou	ght		Office h	eld
	expenditure to benefit C/OI	ΗE	BYRD, DOR	OTHY	C	CITY CO	UNCIL District 4			
-	Date	1	Payee name							
	04/28/2024		Kwik Kopy							
	Amount (\$)		Payee addres	ss; City;	State <sup>.</sup>	Zip Co	nde			
	\$40.54		4310 MONT		Olule,	210 00				
	φ+0.0+		4010 100101							
			EL, TX 799	03						
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Printing Exp							nplete Schedule T.
									officeholder living	g expense
							Printing of pa	iper	rwork	
	Complete ONLY if direct			ceholder name		Office sou	•		Office he	eld
	expenditure to benefit C/OI	'' E	BYRD, DOR	OTHY			UNCIL District 4			

# 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/Politica Credit Card Payment	Fei Foi - Gif Committee Leg	ent Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/M	ayment/Reimbursement brhead/Rental Expense pense xpense /ages/Contract Labor	Transportatior Travel in Distr Travel Out of		
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)	
_	Sch: 2/3 Rpt: 6/9	Byrd, Dorothy	M. (Ms.)			00000028	. , , , , , , , , , , , , , , , , , , ,	
4	Date	5 Payee name						
	06/13/2024	NEXTSTYLE	DESIGN COMPANY					
6	Amount (\$)	7 Payee address;	City; Sta	te; Zip Co	de			
	\$33.99	1625 MONTA	NA AVE					
		EL PASO, TX	79902					
8	PURPOSE	(a) Category (See C	Categories listed at the top of this s	chedule)	(b) Description			
	OF EXPENDITURE	Advertising Ex	pense		Check if travel	outside of Texas. Co	omplete Schedule T.	
						ı, TX, officeholder liv	ing expense	
					CAMPAIGN	T-SHIRTS		
<u> </u>		Condidate Office	addar nama	Office and	abt	Office	bold	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officel BYRD, DOROT		Office sou CITY CO	gnt UNCIL District 4	Office	neid	
	Date	Payee name						
	03/27/2024	Oro Court # 9						
	Amount (\$)	Payee address;	City; Sta	te; Zip Co	de			
	\$165.00	P.O. BOX 161		, p				
	Φ105.00	1.0. DOX 101						
		El Paso, TX 7	9906					
	PURPOSE	(a) Category (See C	Categories listed at the top of this s	chedule)	(b) Description			
	OF	Advertising Ex		,	Check if travel	outside of Texas. Co	omplete Schedule T.	
	EXPENDITURE	5	1		Check if Austin	ı, TX, officeholder liv	ing expense	
					Advertising ir	n the event br	ochure for Oro Temple	
	Complete ONLY if direct	Candidate/Office	older name	Office sou	aht	Office	held	
	expenditure to benefit C/OI				UNCIL District 4	Childe		
	Date	Payee name (see previous)						
	Amount (\$)	Payee address;		te; Zip Co	de			
	PURPOSE	(a) Category (See (	Categories listed at the top of this s	chedule)	(b) Description			
	OF		- ,	,	Check if travel	outside of Texas. Co	omplete Schedule T.	
	EXPENDITURE				Check if Austin	ı, TX, officeholder liv	ing expense	
	Complete ONLY if direct	Candidate/Officel	nolder name	Office sou	aht	Office	held	
	expenditure to benefit C/OI				0	Unice		
	CITY COUNCIL District 4							

# 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 Exp Gift/Awards/Memori Legal Services		Office Ove Polling Ex Printing E	erhead pense xpens			Travel in District Travel Out of Dis	quipment & Related Expense
	orean ouron ayment			The Instruction	Guide explains	how to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 7/9		Byrd, Dorot	thy M. (Ms.)						0000028	
4	Date	5	Payee name	1							
	04/11/2024 Vista										
6	Amount (\$) \$54.10		Payee addre 275 Wymar Waltham, N	n St	State;	; Zip Cc	ode				
8	PURPOSE	(a)	Category (s	ee Categories listed a	at the top of this sch	edule)	(b)	Description			
	OF		Printing Ex			euule)	l`́		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE									officeholder living	expense
								Printing of ca	mp	aign cards	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			iceholder name		Office sou				Office he	ld
	experiatore to benefit 0/01	' E	BYRD, DOR	OTHY	C	CITY CO	UN	CIL District 4			

			SCHEDULE F2					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expen al Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor explains how to complete this form.	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: Sch: 1/2 Rpt: 8/9			3 Filer ID (Ethics Commission Filers) 00000028					
4	ZED UNPAID INCURRED OBLIG	GATIONS	\$					
5 Date 06/30/2024	6 Payee name DOROTHY, BYRD							
7 Amount (\$) \$300.00	8 Payee address; City; 10948 TED WILLIAMS PL	State; Zip Code						
9 TYPE OF EXPENDITURE	EL PASO, TX 79934	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense n previous report to be reimbursed					
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H BYRD, DOROTHY	Office sought CITY COUNCIL District 4	Office held					
Date	Payee name (see previous)							
Amount (\$)	Payee address; City;	State; Zip Code						
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H BYRD, DOROTHY	Office sought CITY COUNCIL District 4	Office held					

UNPAID INCU	RRED OBLIGATIONS		SCHEDULE F2				
	EXPENDITURE C	ATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expe al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
<b>1</b> Total pages Schedule F2:			<b>3</b> Filer ID (Ethics Commission Filers)				
Sch: 2/2 Rpt: 9/9	00000028						
<sup>4</sup> TOTAL OF UNITEMI2	ZED UNPAID INCURRED OBL	IGATIONS	\$				
5 Date 06/30/2024	6 Payee name DOROTHY, BYRD						
7 Amount (\$)	8 Payee address; City;	State; Zip Code					
\$300.00	10948 TED WILLIAMS PL						
	EL PASO, TX 79934						
9 TYPE OF EXPENDITURE	X Political	Non-Political					
10 PURPOSE	(a) Category (See Categories listed at the top	p of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.				
-			n, TX, officeholder living expense				
		Onpaid from	previous report to be reimbursed				
<b>11</b> Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held				
expenditure to benefit C/OI		CITY COUNCIL District 4	Once held				