

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>												
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MR</u> FIRST <u>SCOTT</u> MI <u>RANDALL</u> NICKNAME LAST SUFFIX <u>BYRD</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2">Date Received</td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		Date Hand-delivered or Date Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
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Date Processed															
Date Imaged															
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3422 CEDARHILL; SAN ANGELO, TX, 76904</u>														
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(325) 944-9653</u>														
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <u>CINDY BYRD</u> <u>L</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Date Received</td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Date Received		Date Hand-delivered or Date Postmarked		Receipt #	Amount	Date Processed		Date Imaged			
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Receipt #	Amount														
Date Processed															
Date Imaged															
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3422 CEDARHILL DR.; SAN ANGELO, TX 76904</u>														
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(325) 944-9653</u>														
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)														
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <u>12 / 31 / 2007</u> <u>01 / 24 / 2008</u>														
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <u>03 / 04 / 2008</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special													
<b>12 OFFICE</b>	OFFICE HELD (# any)	<b>13 OFFICE SOUGHT (if known)</b> <u>CONSTABLE / PCT 4</u>													
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box, Apt. / Suite #, City; State, Zip Code <input type="checkbox"/> additional pages														

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** SCOTT RANDALL BYRD **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

•• This box is for notice of political expenditures 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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 70.68
	4. TOTAL POLITICAL EXPENDITURES	\$ 733.90
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25.13
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**19 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.

BARBARA F. STONE  
Notary Public  
STATE OF TEXAS  
My Comm. Exp. 01/22/2009

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Randall Byrd, this the 4<sup>th</sup> day of Feb, 2008, to certify which, witness my hand and seal of office.

<u>Barbara F. Stone</u>	<u>Barbara F. Stone</u>	<u>Notary</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G 1
2 FILER NAME Scott Randall Byrd		3 ACCOUNT # (Ethics Commission filers) N/A
4 Date 1/14	5 Payee name Allied Plastic Supply 6 Payee address; City; State; Zip Code P.O. Box 549020 Dallas, TX 75354-9020 7 Purpose of expenditure (See instructions regarding type of information required.) signs (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 297.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/11	Payee name Company Printing Payee address; City; State; Zip Code 3419 Knickerbocker San Angelo TX 76904 Purpose of expenditure (See instructions regarding type of information required.) printed material (If travel outside of Texas, complete Schedule T)	Amount (\$) 83.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/24	Payee name Sign Warehouse Payee address; City; State; Zip Code 2614 Texoma Dr Denison, TX 75020 Purpose of expenditure (See instructions regarding type of information required.) Signs (yard + others) (If travel outside of Texas, complete Schedule T)	Amount (\$) 46.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/14	Payee name Sign Warehouse Payee address; City; State; Zip Code 2614 Texoma Dr Denison, TX 75020 Purpose of expenditure (See instructions regarding type of information required.) signs (If travel outside of Texas, complete Schedule T)	Amount (\$) 161.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Lamar Payee address; City; State; Zip Code PO Box 96030 Baton Rouge LA 70896 Purpose of expenditure (See instructions regarding type of information required.) Billboard (If travel outside of Texas, complete Schedule T)	Amount (\$) 145.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED