

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Scott R. Byrd **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

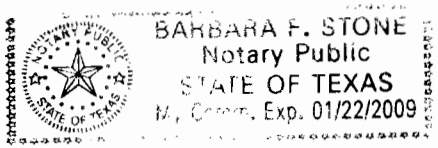
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

** 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. **

| | | |
|--------------------------------|---|------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 100.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1325.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 17.63 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1325.13 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 25.00 |
| OUTSTANDING LOAN TOTALS | 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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Byrd, this the 7th day of March, 2008, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Barbara F Stone

Printed name of officer administering oath

Notary

Title of officer administering oath

FORM COR-C/OH

**CORRECTION AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

| | | | | | |
|---------------------------------|--|--|--|--|--|
| 1 ACCOUNT # | | 2 Total pages filed: 3 | | OFFICE USE ONLY Date Received | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS (MR) FIRST MI Scott R | | | |
| 4 ORIGINAL REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report | | Date Hand-delivered or Date Postmarked | |
| 5 ORIGINAL PERIOD COVERED | | Month Day Year THROUGH Month Day Year 01 / 25 / 08 02 / 23 / 08 | | Receipt # Amount Legal Totals | |
| | | | | Date Processed | |
| | | | | Date Imaged | |


6 EXPLANATION OF CORRECTION
 mis calculated amount reimbursed to self (Scott Byrd) by \$1776 on schedule F. Form stated 680.48 which is corrected to 698.24 on schedule F. On cover sheet, reimbursed total was not added to line 4, line 4 is changed to correct expenditure of \$1325.13 to include reimbursement to self (Scott Byrd).

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder: *Scott Byrd*

Sworn to and subscribed before me by Scott Byrd this the 7th day of March, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Barbara F. Stone* Printed name of officer administering oath: Barbara F. Stone Title of officer administering oath: Notary

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
4

2 FILER NAME

Scott R. Byrd

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/08

5 Payee name

Company Printing

6 Payee address; City; State; Zip Code

3419 Knickerbocker Rd.
San Angelo, TX 76904

7 Amount (\$)

115.07

8 Purpose of payment (See instructions regarding type of information required.)

door hangers

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2/23/08

Payee name

Scott Byrd

Payee address; City; State; Zip Code

3422 Cedarhill
San Angelo, TX 76904

Amount (\$)

698.24

Purpose of payment (See instructions regarding type of information required.)

reimbursement for billboard, materials for 4x4 signs, vinyl and plastic for signs
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED