

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 10</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>Mr. Loren J.</p> <hr/> <p>NICKNAME LAST SUFFIX</p> <p>Byers</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p> <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p style="font-size: 1.5em; color: blue; margin: 0;">RECEIVED</p> <p style="color: red; margin: 0;">APR 06 2016</p> <p style="margin: 0;">City Secretary's Office</p> </div> <p>Date Hand-delivered or Date Postmarked AD 4/16/16 4:40 PM</p> <p>Receipt # Amount \$</p> <p>Date Processed AD 4/19/16</p> <p>Date Imaged</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>918 E. Tanglewood Irving TX 75061</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(214) 802 2739</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>Mr & Mrs Clyde Becca</p> <hr/> <p>NICKNAME LAST SUFFIX</p> <p>DeLoach</p>	<p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed AD 4/19/16</p> <p>Date Imaged</p>	
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>1205 Ichabod Ct. Irving TX 75061</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(972) 254 4703</p>		
<p>9 REPORT TYPE</p>	<p> <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) </p> <p> <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) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>12 / 31 / 2015 04 / 07 / 2016</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p>05 / 07 / 2016</p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>	
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p>N/A</p>	<p>13 OFFICE SOUGHT (if known)</p> <p>Irving City Council Place 1</p>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Loren J. Byers 15 Filer ID (Ethics Commission Filers)

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.

N/A

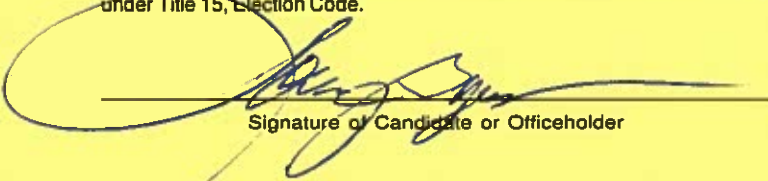
Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

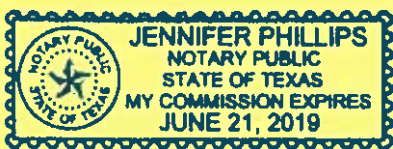
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>250.⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5419.45</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>242.61</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3116.83</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1020.30</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

18 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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Loren Byers, this the 6th day of April, 2016, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Jennifer Phillips
Printed name of officer administering oath

notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3887. ²³
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1282. ²²
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ∅
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ ∅
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2874. ²²
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ∅
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ ∅
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ∅
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ∅
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ∅
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:

4

2 FILER NAME

Loren Byers

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/14

5 Full name of contributor

Roy Getting

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2208 Ritact Irving TX 75061

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

TXU

Date

3/16/14

Full name of contributor

Randy Randle

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1112 Churchill Dr Irving TX

Principal occupation / Job title (See Instructions)

mgt.

Employer (See Instructions)

Irving Counter Top

Date

3/15/14

Full name of contributor

Franquil Amaya

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$60.00

Contributor address;

City; State; Zip Code

12811 Vail St. Irving, TX 75287

Principal occupation / Job title (See Instructions)

mgt

Employer (See Instructions)

Auto Sport Complete Service

Date

3/18/14

Full name of contributor

Amil Lazo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4313 Salas St. Grand Prairie TX 75052

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Excellent Carpet Cleaning

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Loren Byers		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Owen 6 Contributor address; City; State; Zip Code 1506 Ross Dr Irving TX	7 Amount of contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Self Emp		9 Employer (See Instructions) Meadowbrook Apts
Date 3/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venancio Pacheco Contributor address; City; State; Zip Code 1212 W. Pioneer Irving TX 75061	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions) Pit Stop Auto Repair
Date 3/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Kammerer Contributor address; City; State; Zip Code 1416 Limetree Ln. Irving TX 75061	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Cooley Contributor address; City; State; Zip Code 511 Campbell Ct. Irving, TX 75061	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Loren Byers

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/16

5 Full name of contributor out-of-state PAC (ID#: _____)

Ross Owen

6 Contributor address; City; State; Zip Code

1206 Brookhollow Irving, TX 75061

7 Amount of contribution (\$)

\$400.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Ross Owen

Date

2/17/16

Full name of contributor out-of-state PAC (ID#: _____)

Donna Wall

Contributor address; City; State; Zip Code

611 Hartin Cr Irving TX 75061

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Remax

Date

2/18/16

Full name of contributor out-of-state PAC (ID#: _____)

Graham Crump

Contributor address; City; State; Zip Code

5201 Amesbury Dr Dallas, TX 75206 Apt 410

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Loan Officer

Employer (See Instructions)

Bank of the West

Date

2/17/16

Full name of contributor out-of-state PAC (ID#: _____)

Patti Necessary

Contributor address; City; State; Zip Code

1518 Union Tower Irving, TX 75061

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Loren Byers

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/16

5 Full name of contributor out-of-state PAC (ID#: _____)

Don Rorschach

7 Amount of contribution (\$)

\$250.⁰⁰

6 Contributor address; City; State; Zip Code

417 Keats Cr. Irving, TX 75061

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/19/16

Full name of contributor out-of-state PAC (ID#: _____)

Beverly DeLoach

Amount of contribution (\$)

\$400.⁰⁰

Contributor address; City; State; Zip Code

1205 Ichabod Ct. Irving, TX 75061

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/17/16

Full name of contributor out-of-state PAC (ID#: _____)

Edmond Owen

Amount of contribution (\$)

\$200.⁰⁰

Contributor address; City; State; Zip Code

1110 Owenwood Irving TX 75061

Principal occupation / Job title (See Instructions)

Self Emp

Employer (See Instructions)

ER Owen Co.

Date

Full name of contributor out-of-state PAC (ID#: _____)

L. Kay Byers

Amount of contribution (\$)

\$1177.²³

Contributor address; City; State; Zip Code

918 E. Tanglewood Irving, TX 75061

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Advance Counseling Centre

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>
2 FILER NAME <u>Loren Byers</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1,282.22</u>
5 Date <u>2/28/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fast Signs of Irving, Inc.</u>	8 Amount of Contribution \$ <u>1,282.22</u> 9 In-kind contribution description <u>Political Signs</u>
7 Contributor address; City; State; Zip Code <u>4070 N. Beltline, Irving, TX 75038</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Sign & Banner Manufacture</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Fast Signs of Irving</u>
12 Contributor's principal occupation (FOR JUDICIAL) <u>Sign & Banner Manufacture</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>Partner</u>
14 Contributor's employer/law firm (FOR JUDICIAL) <u>Fast Signs of Irving</u>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>N/A</u>
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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: <u>2</u>	2 FILER NAME <u>Loren Brees</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-30-16</u>	5 Payee name <u>Valentine Direct Marketing</u>	
6 Amount (\$) <u>\$313.93</u>	7 Payee address; City; State; Zip Code <u>2344 Farrington Dallas, TX 75207</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing</u> <u>Door hangers-reorder</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <u>3-18-16</u>	Payee name <u>Primary Colors LLC</u>	
Amount (\$) <u>335.58</u>	Payee address; City; State; Zip Code <u>9239 Premier Row, Dallas, TX 75247</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u> <u>yard signs 4x4</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <u>3-17-16</u>	Payee name <u>G.P.S. Graphic Screenprinting</u>	
Amount (\$) <u>\$1177.23</u>	Payee address; City; State; Zip Code <u>1804 Arden St. Houston, TX 77055</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u> <u>Yard signs 18x24</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 2	2 FILER NAME Loren Byers	3 Filer ID (Ethics Commission Filers)
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4 Date 2-25-16	5 Payee name AMBUUS
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code POB 153425 Irving, TX 75061
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Name on event poster 501C3	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-10-16	Payee name Valentine Direct Marketing LLC
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Amount (\$) \$135.31	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75061
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other i mail list/walklist Electronic Format	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-21-16	Payee name Valentine Direct Marketing LLC
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Amount (\$) \$812.12	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75061
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Postage Senior letter/envelopes Door Hangers	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED