

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR ^P FIRST Loren	MI J	OFFICE USE ONLY Date Received <div style="border: 1px solid red; padding: 5px; display: inline-block;">JUL 15 2013</div> City Secretary's Office Date Hand-delivered or Postmarked HD 7/15/13 11:00am JG Receipt # Amount Date Processed Approved by JG 7/23/13 Date Imaged
	NICKNAME LAST Byers	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> change of address	918 E Tanglewood Dr Irving, TX 75061-6832		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(972) 254 5060		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR ^P FIRST Michael	MI R	Date Hand-delivered or Postmarked HD 7/15/13 11:00am JG Receipt # Amount Date Processed Approved by JG 7/23/13 Date Imaged
	NICKNAME LAST Huebner	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	911 Glendell Irving TX 75061		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(469) 426-1463		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 6 / 8 / 2013	THROUGH	Month Day Year 7 / 15 / 2013
11 ELECTION	ELECTION DATE Month Day Year 6 / 15 / 2013	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Place 1 Irving, Texas	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

Loren Byers Campaign

SPECIFIC

COMMITTEE ADDRESS

918 E. Tanglewood Dr
Irving, TX 75061

COMMITTEE CAMPAIGN TREASURER NAME

Michael R Huebner

COMMITTEE CAMPAIGN TREASURER ADDRESS

911 Glen Dell, Irving, TX 75064

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 125.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1711.58

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 186.95

4. TOTAL POLITICAL EXPENDITURES

\$ 3859.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

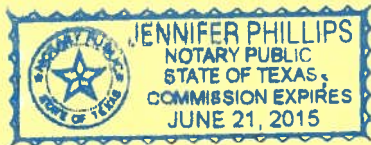
\$ 688.30

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 516.77

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Loren Byers, this the 15th day of July, 2013, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Jennifer Phillips
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center; font-size: 2em;">1</p>	
2 FILER NAME <p style="font-size: 1.5em;">Loren Byers</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p>6-8 & 6-15-13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.5em;">Irving Voices</p>	7 Amount of contribution (\$) <p style="font-size: 1.5em;">633⁰⁰</p>	8 In-kind contribution description (if applicable) <p style="font-size: 1.5em;">Newspaper Advertisements</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.5em;">Irving Tx 75062</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="font-size: 1.5em;">Community Serv Org</p>		10 Employer (See Instructions) <p style="font-size: 1.5em;">None</p>	
Date <p>5-01 6-7 6-14-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.5em;">Jessi Penn</p>	Amount of contribution (\$) <p style="font-size: 1.5em;">\$350⁰⁰</p>	In-kind contribution description (if applicable) <p style="font-size: 1.5em;">Placement of signs</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.5em;">Irving Tx 75060</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.5em;">Construction</p>		Employer (See Instructions) <p style="font-size: 1.5em;">Self</p>	
Date <p>5-01-13 6-15-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.5em;">Tom Spink</p>	Amount of contribution (\$) <p style="font-size: 1.5em;">\$257.90</p>	In-kind contribution description (if applicable) <p style="font-size: 1.5em;">Office use & copier use</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.5em;">Irving Tx 75061</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.5em;">Insurance</p>		Employer (See Instructions) <p style="font-size: 1.5em;">Self</p>	
Date <p>6-15-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.5em;">Bruce Barnes</p>	Amount of contribution (\$) <p style="font-size: 1.5em;">500⁰⁰</p>	In-kind contribution description (if applicable) <p style="font-size: 1.5em;">Chicken rent bottled water cooler, labor translators</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.5em;">Irving TX 75061</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.5em;">Real Estate</p>		Employer (See Instructions) <p style="font-size: 1.5em;">Self</p>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <i>Loren Byers</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>6-10</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda K. Byers</i>	9 Loan Amount (\$) <i>10000</i>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>918 E Tanglewood Dr Irving, TX 75061</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>7-15-2013</i>
12 Principal occupation / Job title (See Instructions) <i>LPC</i>		13 Employer (See Instructions) <i>Self</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 3</i>	2 FILER NAME <i>Loren Byers</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>May 31, 2013</i>	5 Payee name <i>Campaign Short Cuts</i>
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6 Amount (\$) <i>64.95</i>	7 Payee address; City; State; Zip Code <i>Dallas Texas</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Computer Program (other)</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Loren Byers</i>	Office sought <i>Irving City Council Place I / Name</i>	Office held
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Date <i>03 June 13</i>	Payee name <i>Merchant Primary Colors Inc</i>
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Amount (\$) <i>335.58</i>	Payee address; City; State; Zip Code <i>Dallas TX 75247</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same</i>	Office sought	Office held
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Date <i>10 June 13</i>	Payee name <i>Merchant Primary Colors Inc</i>
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Amount (\$) <i>335.58</i>	Payee address; City; State; Zip Code <i>Dallas TX 75247</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same</i>	Office sought	Office held
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Date <i>June 2, 8, 11, & 12 (G)</i>	Payee name <i>FedEx Office</i>
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Amount (\$) <i>104.43, 157.08, 71.98, 243.81, 243.81</i>	Payee address; City; State; Zip Code <i>Irving TX 95062</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising (Printing)</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same</i>	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2 of 3</i>	2 FILER NAME <i>Loren Byers</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6-13-13</i> <i>7-2-13</i>	5 Payee name <i>Finishline</i>
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6 Amount (\$) <i>100⁰⁰</i> <i>100⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Irving Tx 75061</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Loren Byers</i>	Office sought <i>Irving City Council Place 2</i>	Office held <i>None</i>
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Date <i>14 June 13</i>	Payee name <i>Wonderful World of Cooking</i>
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Amount (\$) <i>235.98</i>	Payee address; City; State; Zip Code <i>Irving Tx 75061</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage (watch party)</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same</i>	Office sought	Office held
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Date <i>6-4-13</i>	Payee name <i>Merchant Primary Color Inc</i>
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Amount (\$) <i>757.51</i>	Payee address; City; State; Zip Code <i>Dallas Tx 75247</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same</i>	Office sought	Office held
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Date <i>6-14-13</i>	Payee name <i>Verizon</i>
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Amount (\$) <i>258.51</i>	Payee address; City; State; Zip Code <i>Irving Tx 75063</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other (telephone)</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same</i>	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3	2 FILER NAME Loren Byers	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6-17-13	5 Payee name Blue Moose T-shirts
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6 Amount (\$) 143.01	7 Payee address; City; State; Zip Code Dallas TX 75247
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Loren Byers	Office sought Irving City Council Place 1	Office held None
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Date 6-11-13	Payee name Booker Industries
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Amount (\$) 712.21	Payee address; City; State; Zip Code Dallas TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Same	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Loren Byers

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder