

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Loren</i>	MI <i>J</i>
	NICKNAME <i>Byers</i>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <i>918 E. Tanglewood Dr.</i>	APT / SUITE #: <i>Irving</i>	CITY: STATE: ZIP CODE <i>Texas 75061</i>
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: <i>(972)</i> PHONE NUMBER: <i>254 5060</i> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Michael</i>	MI <i>R</i>
	NICKNAME <i>Huebner</i>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>911 Glen Dell</i>		CITY: STATE: ZIP CODE <i>Irving Tx 75061</i>
	8 CAMPAIGN TREASURER PHONE AREA CODE: <i>(469)</i> PHONE NUMBER: <i>426 1463</i> EXTENSION:		
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <i>5 / 3 / 2013</i>	THROUGH	Month Day Year <i>6 / 7 / 2013</i>
11 ELECTION	ELECTION DATE Month Day Year <i>6 / 15 / 2013</i>		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) <i>City Council Place 1 Irving TX</i>

OFFICE USE ONLY

Date Received
JUN 07 2013

City Secretary's Office

Date Hand-delivered or Postmarked
HD 6/13 9:45am

Receipt # Amount

Date Processed
Hand by J - 6/11/13

Date Imaged

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Loren Byers Campaign

918 E. Tanglewood Dr
Irving TX 75061

Michael R. Huebner

911 GlenDell, Irving, TX 75061

additional pages

17 CONTRIBUTION
TOTALS

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

\$ 620.00

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

\$ 4620.00

EXPENDITURE
TOTALS

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

\$ 106.62

4. TOTAL POLITICAL EXPENDITURES

\$ 4059.33

CONTRIBUTION
BALANCE

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

\$ 560.67

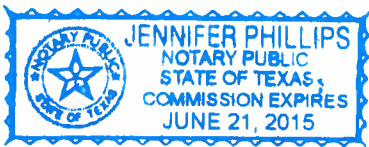
OUTSTANDING
LOAN TOTALS

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

\$ 944.08

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 7th day of June, 20 13, 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:	
2 FILER NAME <i>Loren Byers</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/4/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Randle</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1112 Churchill Dr Irving, TX 75060</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Small Business Owner</i>		10 Employer (See Instructions) <i>Living Countertop</i>	
Date <i>5/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chart Westcott</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Crescent Ct, Ste 1400 Dallas, Tx 75201</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>self-employed</i>		Employer (See Instructions)	
Date <i>6/4/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Rorschach</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>417 Keats Cir Irving, Tx 75061</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>6/6/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike & Jacqualea Cooby</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>511 Campbell Ct Irving, Tx 75061</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>unknown</i>		Employer (See Instructions)	
Date <i>4/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aushil Patel</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1209 Travis Circle South Irving, TX 75038</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Banker</i>		Employer (See Instructions) <i>TX State Bank</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Loren Byler</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/1/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glen + Rosemary Rogan</i>	7 Amount of contribution (\$) <i>20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1820 Rusdell Inver, Tx 75060-</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>retired</i>		10 Employer (See Instructions)	
Date <i>6/1/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Burns</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>421 W. Pioneer Dr. Inver, Tx 75061</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions)	
Date <i>5/30/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy + Patti necessary</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1518 E. Union Bower Inver, Tx 75061</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner - cable Co.</i>		Employer (See Instructions)	
Date <i>5/18/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Theodore Cole</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1137 Anderson St Inver, Tx 75062</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>5/21/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ralph Hull</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3910 Telegnt Blvd. Inver, Tx 75039</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Aoren Byer

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/16/13

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

V. Graham

6 Contributor address; City; State; Zip Code

*1717 Bryant St
Llano, TX 75061*

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Homemaker

10 Employer (See Instructions)

Date

5/30/13

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

Jesse Pena

Contributor address; City; State; Zip Code

*408 W. 6th
Llano, TX 75060*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Small Business Owner

Employer (See Instructions)

TX Constr. Svc

Date

6/1/13

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

J. Ralph Ellis Jr.

Contributor address; City; State; Zip Code

*545 E. Carpenter Hwy
Llano, TX 75062*

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

self employe

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/13

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

Deloach Trust

Contributor address; City; State; Zip Code

*1205 Deloach Ct
Llano, TX 75061*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

un known

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:	
2 FILER NAME <i>Lorena Byers</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <i>944.⁰⁸</i>	
5 Date of loan <i>Various</i>	7 Name of lender <i>Linda K Byers</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>944.⁰⁸</i>	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input 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>6/31/2013</i>	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" 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 N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" 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)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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:	2 FILER NAME <i>Loren Byers</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/2/2013</i>	5 Payee name <i>Primary Color, Inc</i>	
6 Amount (\$) <i>1396.43</i>	7 Payee address; City; State; Zip Code <i>9239 Premier Row Dallas, TX 75247</i>	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Yard Signs</i>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
	Candidate / Officeholder name <i>Loren Byers</i>	Office sought <i>Irving City Council</i>	

Date <i>5/16/2013</i>	Payee name <i>Primary Colors</i>	
Amount (\$) <i>335.58</i>	Payee address; City; State; Zip Code <i>9239 Premier Row Dallas TX 75247</i>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Yard Signs</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
	Candidate / Officeholder name <i>Loren Byers</i>	Office sought <i>Irving City Council</i>	

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
	Candidate / Officeholder name	Office sought	

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
	Candidate / Officeholder name	Office sought	

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: 2	2 FILER NAME Loren Byers	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/7/2013	5 Payee name Booker Industries
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6 Amount (\$) 909.66	7 Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising/Printing	(b) Description (If travel outside of Texas, complete Schedule T) Mailers
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Loren Byers	Office sought Irving City Council	Office held
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Date 5/27/2013	Payee name Office Depot
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Amount (\$) 136.50	Payee address; City; State; Zip Code 1000 W. Airport Fwy Irving, TX 75062
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Handouts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Loren Byers	Office sought Irving City Council	Office held
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Date 6/4/2013	Payee name Merchant Primary Color, Inc
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Amount (\$) 757.57	Payee address; City; State; Zip Code 9239 Premier Row Dallas, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Yard signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Loren Byers	Office sought Irving City Council	Office held
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Date 6/3/2013	Payee name GSP Graphic Screenprinting Productions, Inc
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Amount (\$) 416.77	Payee address; City; State; Zip Code 5512 Mitchelldale Houston, TX 77092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Yard signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Loren Byers	Office sought Irving City Council	Office held
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