

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX DR. BYRON DE SOUSA

OFFICE USE ONLY

RECEIVED APR - 7 2005 CITY OF FORT WORTH CITY SECRETARY at 12:15 pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7733 Blossom Dr Ft Worth, TX 76133-7409

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (817) 370-8667

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MR. WALTER W. KESLER

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3937 ANEWBY WAY FT. WORTH, TX 76133

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (817) 423-3050

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year 01 / 28 / 05 03 / 28 / 05

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff General Special 05 / 07 / 05 General

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council - District 6

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- 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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME **DR BYRON SOUSA** 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. \*\**

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	DR BYRON SOUSA FOR CITY COUNCIL
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	7733 Blossom Dr. Ft Worth 76133
	COMMITTEE CAMPAIGN TREASURER NAME
	Walter W. Kesler
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	3937 Anewby Way, Ft. Worth 76133

additional pages **FOUR**

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 895.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,850.00
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 Byron Sousa, this the 7th day of April, 2005, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Printed name of officer administering oath

*[Signature]*  
Title of officer administering oath

**POLITICAL EXPENDITURES** **SCHEDULE F**

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule F:

**2** FILER NAME **3** ACCOUNT # (Ethics Commission filers)

BYRON DE SOUSA

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
2-22-05	SAM'S CLUB	310.00
	<b>6</b> Payee address; City; State; Zip Code	
	2440 SE LOOP 820 FT WORTH, TX 76140	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small>
Eye glasses.	Candidate / Officeholder name Office sought Office held

<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
2-23-05	DENNIS SHINGLETON	400.00
	<b>Payee address; City; State; Zip Code</b>	
	8600 CROSSWIND Rd FT. WORTH, TX 76179	

<b>Purpose of payment (See instructions regarding type of information required.)</b>	<b>** Complete if direct expenditure to benefit C/OH **</b>
1000 Yard Signs wires	Candidate / Officeholder name Office sought Office held

<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
3-15-05	U.S. POSTAL SERVICE	85.10
	<b>Payee address; City; State; Zip Code</b>	
	Wedgwood station Ft. Worth, TX 76133-9998	

<b>Purpose of payment (See instructions regarding type of information required.)</b>	<b>** Complete if direct expenditure to benefit C/OH **</b>
STAMPS.	Candidate / Officeholder name Office sought Office held

<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
3-25-05	SAM'S CLUB	100.50
	<b>Payee address; City; State; Zip Code</b>	
	2440 SE Loop 820, Ft. Worth, TX 76140	

<b>Purpose of payment (See instructions regarding type of information required.)</b>	<b>** Complete if direct expenditure to benefit C/OH **</b>
Printer Cartridges	Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED** 895.60

# 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 <b>BYRON DE SOUSA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-25-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD SPRADERRY</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>7508 PINEHURST DR FT. WORTH, TX 76134</b>			
9 Principal occupation / Job title (See Instructions) <b>Accountant</b>		10 Employer (See Instructions) <b>SELF</b>	
Date <b>2-18-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clyde Picht</b>	Amount of contribution (\$) <b>5,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5016 Monarda Way Ft. Worth, TX 76133</b>			
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
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		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**Tot 5,850.**

**ATTACH ADDITIONAL COPIES OF THIS FORM 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 BYRON DE SOUSA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-25-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALDINE F. DOMINIAR	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4401 CARDIFF AVE. FT. WORTH, TX 76133			
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 3-25-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAITH & JAMES MALLORY	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3024 SANDHGE AVE. FT. WORTH, TX 76109-1793			
Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		Employer (See Instructions) SELF	
Date 3-25-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith McKinley Crowder	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 790 FT. WORTH, TX 76101			
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MCKINLEY IRON WORKS, Inc.	
Date 3-25-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeAnn McKinley	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO. BOX 790 FT. WORTH, TX 76101			
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) MCKINLEY IRON WORKS, Inc.	
Date 3-25-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD SHAMPLE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7963 BELWADONNA DR FT. WORTH, TX 76123			
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) SES ACCOUNTING SERVICE	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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