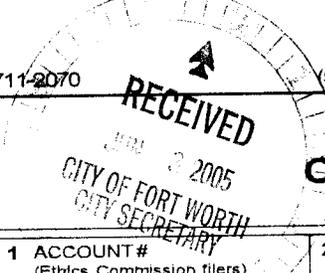


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 DR. BYRON DE
NICKNAME LAST SUFFIX
SOUSA

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
7733 BLOSSOM DR
FT WORTH, TX 76133

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Hand-delivered / Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 370-8667

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR WALTER W
NICKNAME LAST SUFFIX
KESLER

Date Processed

Date Imaged

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
04 / 28 / 05 THROUGH 06 / 01 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
06 / 11 / 05

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known)

CITY COUNCIL - D-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

STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS

FORM SC C/OH
COVER SHEET PG 2

15 FILER NAME
BYRON DE 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. These expenditures may have been made without the candidate's knowledge or consent. Candidates 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 - FW, TX 76133
	COMMITTEE CAMPAIGN TREASURER NAME
	WALTER W. KESLER
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	3937 ANEWBY WAY, FW 76133

additional pages

18 CONTRIBUTION TOTALS

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

\$ 1,275⁰⁰

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

\$ 8,475⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 544²⁵

4. TOTAL POLITICAL EXPENDITURES

\$ 6,962⁹⁴

CONTRIBUTION BALANCE

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

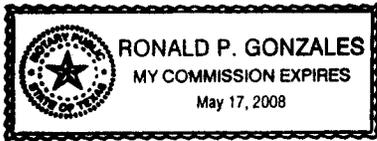
\$ 21,270⁰⁰

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Byron de Sousa, this the 3rd day of June, 20 05, 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 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 5-16-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID McDONALD	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3090 BELLAIRE RANCA DR #412 FT. WORTH, TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DORENDA McDONALD	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3090 BELLAIRE RANCA DR # 412 FT. WORTH, TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Waller	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1506 89 FT. WORTH, TX 76108			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-1-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS TOLEDO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4255 BRYANT IRVIN Rd-st 105 FT. WORTH, TX 76			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT BEAU PRE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5332 WAITS AV FT. WORTH, TX 76133			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 4-29-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD BRISCOE	7 Amount of contribution (\$) 1,000.	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4774 OVERTON WOODS DR FT. WORTH, TX			
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 4-29-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH CITIZENS FOR RES.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code POST OFFICE BOX 185042 FT. WORTH, TX 76181			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-11-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET THOMAS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5005 LOCKRELL FT. WORTH, TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. F. DOMINIAK	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4401 CAROLINE AVE. FT. WORTH, TX 76133			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD BOREN & WANDA CONLIN	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code FT. WORTH, TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

BYRON DE SOUSA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-5-05

DENNIS KEY

6 Payee address; City; State; Zip Code

602 MAGIC Mile
ARRINGTON, TX 76010

13600

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

LARGE SIGNS ART

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-16-05

OUTBACK TYPE & DESIGN

Payee address; City; State; Zip Code

3700 FALCON CREST DR
JOSHUA, TX 76058

644 08

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

BROCHURES

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-17-05

MURPHY-TURNER & ASSOCIATES

Payee address; City; State; Zip Code

816 CONGRESS AVE. SUITE 1160
AUSTIN, TX 78701

707 06

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

Phone calls

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-23-05

BYRON DE SOUSA

Payee address; City; State; Zip Code

7733 BLOSSOM DR
FT. WORTH, TX 76133

37000

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

- stamps -
REIMBURSEMENT-

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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

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

4 Date	5 Payee name	7 Amount (\$)
4-29-05	Michael FRANKS Printing 6 Payee address; City; State; Zip Code 602 KOEHL WHARTON, TX 77488	464 ⁶⁶

8 Purpose of payment (See instructions regarding type of information required.) LARGE YARD SIGNS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
5-2-05	OUTBACK TYPE AND DESIGN Payee address; City; State; Zip Code 3700 FALCONCREST DR Joshua, TX 76058	1,017 ⁵⁵

Purpose of payment (See instructions regarding type of information required.) Printings	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
5-2-05	MURPHY-TURNER & Associates Payee address; City; State; Zip Code 816 CONGRESS AVE. suite 1160 Austin, TX 78701	75 ⁰⁰

Purpose of payment (See instructions regarding type of information required.) 4x4 SIGN ART	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
5-4-05	Michael Garrison Payee address; City; State; Zip Code BLOSSOM DR FT. WORTH, TX 76133	160 ⁰⁰

Purpose of payment (See instructions regarding type of information required.) Post cards scoring-folding	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

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

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

4 Date 5-27-05	5 Payee name OUTBACK TYPE & DESIGN	7 Amount (\$) 311 <u>76</u>
6 Payee address: City, State, Zip Code 3700 FALCONCREST DR JOSHUA, TX 76058		

8 Purpose of payment (See instructions regarding type of information required)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-29-05	Payee name COSTCO	Amount (\$) 63 <u>58</u>
Payee address: City, State, Zip Code STORE # 489 FT. WORTH, TX		

Purpose of payment (See instructions regarding type of information required) FOOD & BEVERAGE	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 4-30-05	Payee name USPS	Amount (\$) 740 <u>00</u>
Payee address: City, State, Zip Code WEDGWOOD STATION FT. WORTH, TX 76133		

Purpose of payment (See instructions regarding type of information required) POSTAGE	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5-4-05	Payee name USPS	Amount (\$) 925 <u>00</u>
Payee address: City, State, Zip Code WEDGWOOD STATION FT. WORTH, TX 76133		

Purpose of payment (See instructions regarding type of information required) POSTAGE	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME BYRON DE SOUSA		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-4-05	5 Payee name USPS 6 Payee address; City; State; Zip Code SEMINARY HILL STATION FT. WORTH, TX 76134	7 Amount (\$) 370⁰⁰
8 Purpose of payment (See instructions regarding type of information required) POSTAGE		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5-7-05	Payee name MI CHARRITO RAY REST. Payee address; City; State; Zip Code 5693 WESTCREEK DR FT. WORTH, TX 76133	Amount (\$) 52⁰⁰
Purpose of payment (See instructions regarding type of information required)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5-22-05	Payee name COSTCO Payee address; City; State; Zip Code STORE # 489 FT. WORTH, TX	Amount (\$) 55³³
Purpose of payment (See instructions regarding type of information required) FOOD & BEVERAGE		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5-26-05	Payee name SAMS CLUB Payee address; City; State; Zip Code FT. WORTH, TX	Amount (\$) 104⁷⁴
Purpose of payment (See instructions regarding type of information required) OFFICE SUPPLY		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME BYRON DE SOUSA	3 ACCOUNT # (Ethics Commission filers)
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4 Date 5-20-05	5 Payee name USPS	7 Amount (\$) 900⁰⁰
6 Payee address; City; State; Zip Code MARK IV PARKWAY FT. WORTH, TX 7		

8 Purpose of payment (See instructions regarding type of information required.) POSTAGE	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED