

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

FIRST

MI

NICKNAME

LAST

SUFFIX

Todd

Phelps

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ change of address

3616 Far West Blvd

Austin, TX 78731

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 619-1559

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Summer

Bentford

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

12720 St. Thomas, Del Valle, 78617

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 297-8221

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

7 / 16 / 14

THROUGH

Month

Day

Year

10 / 6 / 14
9/25/14 TH
11 ELECTION

Month

ELECTION DATE

Day

Year

11 / 04 / 14

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor of Austin

GO TO PAGE 2

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

 OCT 14 PM 1
 RECEIVED
 AUSTIN CITY CLERK

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Todd Phelps

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION
TOTALS

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

\$ 340.00

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

\$ 3890.00

EXPENDITURE
TOTALS

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

\$ 816.43

4. TOTAL POLITICAL EXPENDITURES

\$ 13846.47

CONTRIBUTION
BALANCE

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

\$

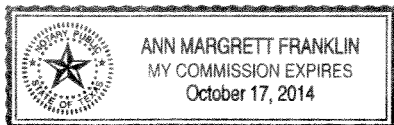
OUTSTANDING
LOAN TOTALS

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

\$

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.



Todd Phelps
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Todd Phelps, this the 14 day of October, 20 14, to certify which, witness my hand and seal of office.

Ann Margrett Franklin
Signature of officer administering oath

Ann Margrett Franklin
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: 6	
2 FILER NAME				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Anderson		7 Amount of contribution (\$) 250.00		8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 12710 Research Blvd, Ste 210 Austin, TX 78759		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]		Amount of contribution (\$) 100.00		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)		
Date 8/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Conley Carent		Amount of contribution (\$) 350.00		In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 901 W 4th St, Ste 110 Austin, TX 78703		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 		Amount of contribution (\$) 50.00		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)		
Date 9/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 		Amount of contribution (\$) 50.00		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.

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			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: City: State: Zip Code	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)		10 Employer (See Instructions)		
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 8/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 9/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gerald Daugherty Contributor address: City: State: Zip Code 1403 Club Ridge Cv Austin, TX 78735	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)	
		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES SKAGGS 6 Contributor address: City: State: Zip Code 4700 TOLAND DR AUSTIN, TX 78746	7 Amount of contribution (\$) 700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 9/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 9/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 9/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) 20.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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				3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9/26/14	6 Contributor address: City: State: Zip Code	100.00			
(If travel outside of Texas, complete Schedule T)					
9 Principal occupation / Job title (See Instructions)			10 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)		
9/30/14	Contributor address: City: State: Zip Code	50.00			
(If travel outside of Texas, complete Schedule T)					
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)		
9/30/14	Contributor address: City: State: Zip Code	50.00			
(If travel outside of Texas, complete Schedule T)					
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)		
9/30/14 10/3/14	Contributor address: City: State: Zip Code	20.00			
(If travel outside of Texas, complete Schedule T)					
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)		
10/3/14	Contributor address: City: State: Zip Code	50.00			
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			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				3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/3/14	6 Contributor address: City: State: Zip Code		50.00		
			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 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)	
7/23/14	Contributor address: City: State: Zip Code		100.00		
			(If travel outside of Texas, complete Schedule T)		
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				
			(If travel outside of Texas, complete Schedule T)		
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				
			(If travel outside of Texas, complete Schedule T)		
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				
			(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.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 18	2 FILER NAME Todd Phelps	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/21/2014	5 Payee name USPS - chimney corners station	
6 Amount (\$) \$10.50	7 Payee address: City: State: Zip Code USPS 3575 Farwest Blvd. Austin, TX 78731-9998	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fund-raising	(b) Description (If travel outside of Texas, complete Schedule T) mailers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/25/2014	Payee name Network Solutions	
Amount (\$) \$87.77	Payee address: City: State: Zip Code 12808 Gray Bay Parkway Jacksonville, Florida 32258	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) website & e-mail service
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/30/14	Payee name Brooke Holderby	
Amount (\$) \$460.00	Payee address: City: State: Zip Code 2104 E. Anderson Lane # 1033 Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Staff/wages/contract labor	Description (If travel outside of Texas, complete Schedule T) 46 hours
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/5/2014	Payee name Brooke Holderby	
Amount (\$) \$230.00	Payee address: City: State: Zip Code 2104 E. Anderson Lane # 1033 Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Staff/wages/contract labor	Description (If travel outside of Texas, complete Schedule T) 23 hours
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**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: 18	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/11/14	5 Payee name Office Max	
6 Amount (\$) \$16.23	7 Payee address: City: State: Zip Code 10001 Research Blvd, Ste. 300 Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office supplies →	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
4 Date 8/14/14	5 Payee name	
6 Amount (\$) \$500.00	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Candidate Filing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
4 Date 8/14/14	5 Payee name Brooke Holderby	
6 Amount (\$) \$110	7 Payee address: City: State: Zip Code 2104 E. Anderson Lane #1033 Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/wages/contract labor	(b) Description (If travel outside of Texas, complete Schedule T) 11 hours
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
4 Date 8/13/14	5 Payee name Brooke Holderby	
6 Amount (\$) \$250.00	7 Payee address: City: State: Zip Code 2104 E. Anderson Lane #1033 Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/wages/contract labor	(b) Description (If travel outside of Texas, complete Schedule T) 25 hours
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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: 18	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name Chris Leonard	
6 Amount (\$) \$500.00	7 Payee address; City: State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) Graphic & Signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/8/14	Payee name Travis Griffin	
Amount (\$) \$1000.00	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 Candidate / Officeholder name Office sought Office held	
Date 9/11/14	Payee name Brooke Holderby	
Amount (\$) \$200.00	Payee address; City: State; Zip Code 204 E. Anderson Lane #1033 Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/wages/contract labor	Description (If travel outside of Texas, complete Schedule T) 20 hours
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/15/14	Payee name - Signs	
Amount (\$) \$1,931.35	Payee address; City: State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Signs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/14		5 Payee name Brooke Holderby			
6 Amount (\$) \$175.00		7 Payee address: City: State: Zip Code 2104 E. Anderson Lane #1033 Austin TX 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/wages/contract labor		(b) Description (If travel outside of Texas, complete Schedule T) 17.5 hours	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/15/14		Payee name Brooke Holderby			
Amount (\$) \$15.00		Payee address: City: State: Zip Code 2104 E. Anderson Lane #1033 Austin TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/wages/contract labor		Description (If travel outside of Texas, complete Schedule T) 1.5 hours	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/14		Payee name Bobby Vera			
Amount (\$) \$1000.00		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/24/14		Payee name Brooke Holderby			
Amount (\$) \$40.00		Payee address: City: State: Zip Code 2104 E. Anderson Lane #1033 Austin TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/wages/contract labor		Description (If travel outside of Texas, complete Schedule T) 4 hours	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/22/14		5 Payee name Brooke Holderby			
6 Amount (\$) \$50.00		7 Payee address; City: State: Zip Code 2104 E. Anderson Lane #1033 Austin, TX 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/wages/Contract labor		(b) Description (If travel outside of Texas, complete Schedule T) Bonus - Birthday	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/26/14		Payee name Callie Gordon			
Amount (\$) \$320.00		Payee address; City: State: Zip Code 2020 Congress Ave. #2208 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/wages/Contract labor		Description (If travel outside of Texas, complete Schedule T) 32 hours	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/14		Payee name Brooke Holderby			
Amount (\$) \$290.00		Payee address; City: State: Zip Code 2104 E. Anderson Lane #1033 Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/wages/Contract labor		Description (If travel outside of Texas, complete Schedule T) 29 hours	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/27/14		Payee name Sheraton Garage			
Amount (\$) \$16.00		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event expense		Description (If travel outside of Texas, complete Schedule T) parking	
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**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/14		5 Payee name CITY HALL			
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code 301 West 2nd Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) parking		(b) Description (If travel outside of Texas, complete Schedule T) CITIZENS for tax relief now <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/30/14		Payee name Precision Camera & Video			
Amount (\$) \$205.68		Payee address; City; State; Zip Code 2438 W Anderson Ln Ste B-4 Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) camera rental		Description (If travel outside of Texas, complete Schedule T) for purpose of recording video <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 10/3/14		Payee name Callie Gordon			
Amount (\$) \$370.00		Payee address; City; State; Zip Code 2020 Congress #2208 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 31 hours <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 7/18/14		Payee name iContact (.com)			
Amount (\$) \$4.84		Payee address; City; State; Zip Code 2450 Perimeter Park Dr, Morrisville, NC 27560			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) email marketing <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**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/26/14		5 Payee name Network Solutions (.com)			
6 Amount (\$) \$95.79		7 Payee address; City; State; Zip Code 12808 gran Bay Pkwy, Jacksonville, FL 32258			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead		(b) Description (If travel outside of Texas, complete Schedule T) email <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/27/14		Payee name Network Solutions (.com)			
Amount (\$) \$8.97		Payee address; City; State; Zip Code 12808 gran Bay Pkwy, Jacksonville, FL, 32258			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) email <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 8/29/14		Payee name Chris Leonard			
Amount (\$) \$500.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) graphic design <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 9/2/14		Payee name Precision Camera & Video			
Amount (\$) \$102.84		Payee address; City; State; Zip Code 2438 W Anderson Ln Ste B-4 Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) camera rental expense		Description (If travel outside of Texas, complete Schedule T) recording purposes <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	

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POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/2/14		5 Payee name Capital Cruises			
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) travel in district		(b) Description (If travel outside of Texas, complete Schedule T) parking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/2/14		Payee name Halt Hotels Austin			
Amount (\$) \$30.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel in district		Description (If travel outside of Texas, complete Schedule T) parking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/3/14		Payee name Brooke Holdenby			
Amount (\$) \$460.00		Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 40 hours <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/4/14		Payee name iContact			
Amount (\$) \$10.00		Payee address; City; State; Zip Code 2450 Perimeter Park Dr, Morrisville, NC 27560			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) email <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/3		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/8/14		5 Payee name Network Solutions (.com)			
6 Amount (\$) \$42.90		7 Payee address; City; State; Zip Code 12808 gran Bay Plany, Jacksonville, FL 32258			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead		(b) Description (If travel outside of Texas, complete Schedule T) campaign email <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/9/14		Payee name Brooke Holderby			
Amount (\$) \$230.00		Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 23 hours <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 9/10/14		Payee name Travis Griffin			
Amount (\$) \$1000.00		Payee address; City; State; Zip Code 815-A Brazos St #691, Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) political advisor <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 9/11/14		Payee name Brooke Holderby			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 20 hours <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	

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POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/12/14		5 Payee name Network Solutions (.com)			
6 Amount (\$) \$2.99		7 Payee address; City; State; Zip Code 12808 gran Bay Pkwy, Jacksonville, FL 32258			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead		(b) Description (If travel outside of Texas, complete Schedule T) campaign email <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 9/15/14		Payee name Network Solutions (.com)			
Amount (\$) \$23.95		Payee address; City; State; Zip Code 12808 gran Bay Pkwy, Jacksonville, FL 32258			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) campaign email <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/16/14		Payee name Chad of Printspread ventures			
Amount (\$) \$1931.35		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/17/14		Payee name Network Solutions (.com)			
Amount (\$) \$12.95		Payee address; City; State; Zip Code 12808 gran Bay Pkwy, Jacksonville, FL 32258			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) campaign email <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/17/14		5 Payee name Brooke Holderby			
6 Amount (\$) \$15.00		7 Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) staff wages		(b) Description (If travel outside of Texas, complete Schedule T) 9/15 <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 9/17/14		Payee name Brooke Holderby			
Amount (\$) \$175.00		Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 17.5 hours <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/18/14		Payee name Super Cheap Signs			
Amount (\$) \$106.90		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/14		Payee name Network Solutions (.com)			
Amount (\$) \$2.99		Payee address; City; State; Zip Code 12808 gran Bay Pkwy, Jacksonville, FL 32258			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) campaigns email <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
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Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Todd Phelps	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/22/14	5 Payee name Yellow Cab of Austin
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6 Amount (\$) \$42.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) travel in district	(b) Description (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 9/23/14	Payee name Network Solutions (.com)
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Amount (\$) \$2.99	Payee address; City; State; Zip Code 12808 Gran Bay Pkwy, Jacksonville, FL 32258
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead	Description (If travel outside of Texas, complete Schedule T) email <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 9/25/14	Payee name Bobby Vera
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Amount (\$) \$1000.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) staff wages	Description (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 9/25/14	Payee name Brooke Hilderby
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Amount (\$) \$40.00	Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) staff wages	Description (If travel outside of Texas, complete Schedule T) 4 hours <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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POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/2/14		5 Payee name iContact (.com)			
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code 2450 Perimeter Park Dr #105, Morrisville, NC 27560			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) campaign email advertising <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 10/2/14		Payee name Austin Convention Center			
Amount (\$) \$7.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense / travel		Description (If travel outside of Texas, complete Schedule T) parking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/2/14		Payee name Broke Holderby			
Amount (\$) \$290.00		Payee address; City; State; Zip Code 2104 E Anderson #1033, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 29 hours <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/3/14		Payee name Ampro Productions			
Amount (\$) \$301.05		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Todd Phelps	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/10/14	5 Payee name Shell
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6 Amount (\$) \$4254	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) travel in district	(b) Description (If travel outside of Texas, complete Schedule T) gas <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 10/16/14	Payee name Network Solutions (.com)
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Amount (\$) \$4290	Payee address; City; State; Zip Code 12808 Gram Bay Pkwy, Jacksonville, FL 32258
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead	Description (If travel outside of Texas, complete Schedule T) email <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 7/21/14	Payee name Mariana Modring
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Amount (\$) \$100.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) staff wages	Description (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 8/1/14	Payee name McCarty BMX
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Amount (\$) \$300.00	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) <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

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME TODD HELPS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/15/14		5 Payee name Brooke Holderby			
6 Amount (\$) \$128.00		7 Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) staff wages		(b) Description (If travel outside of Texas, complete Schedule T) 12 hours <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/17/14		Payee name Brooke Holderby			
Amount (\$) \$15.00		Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 1.5 hours <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 7/31/14		Payee name Travis Griffin			
Amount (\$) \$1000.00		Payee address; City; State; Zip Code 815-A Brazos St #601, Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) Political advisor <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 7/31/14		Payee name Brooke Holderby			
Amount (\$) \$255.00		Payee address; City; State; Zip Code 2104 E Anderson Ln #1033, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) 25.5 hours <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**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/19/14		5 Payee name MPULLIAM			
6 Amount (\$) \$355.02		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) staff wages		(b) Description (If travel outside of Texas, complete Schedule T) videographer <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 8/21/14		Payee name greater Austin Chamber of Commerce			
Amount (\$) \$145.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/25/14		Payee name USPS - Chimney Corners Station			
Amount (\$) \$10.50		Payee address; City; State; Zip Code 3575 FAR WEST Blvd, Austin, TX 78731-9998			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) solicitation And raising		Description (If travel outside of Texas, complete Schedule T) mailers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/29/14		Payee name UT TX Student Publication			
Amount (\$) \$200.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/29/14		5 Payee name Chris Leonard			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) staff wages		(b) Description (If travel outside of Texas, complete Schedule T) graphic design <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/3/14		Payee name Ruben Morales			
Amount (\$) \$135.31		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) staff wages		Description (If travel outside of Texas, complete Schedule T) videographer <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 9/5/14		Payee name Rock N Roll Rentals			
Amount (\$) \$25.42		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) production equip. rental <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 9/22/14		Payee name LAWES			
Amount (\$) \$131.78		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) sign materials <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	
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POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

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1 Total pages Schedule F:		2 FILER NAME <i>Todd Phelps</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/8/14</i>		5 Payee name <i>MDULLIAM</i>			
6 Amount (\$) <i>\$175.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>staff wages</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>videographer</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/30/14</i>		Payee name <i>Rock N Roll Rentals</i>			
Amount (\$) <i>\$215.42</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>advertising expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>production equip. rental</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/19/14</i>		Payee name <i>Matt Pulliam</i>			
Amount (\$) <i>\$54.13</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>staff wages</i>		Description (If travel outside of Texas, complete Schedule T) <i>videographer</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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