

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI TODD PHELPS NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received DCC RECEIVED AT OCT 30 '18 PM 4:37 Date Hand-delivered or Date Postmarked
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 E 4TH ST # 424 AUSTIN, TEXAS 78701		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 942-7692		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI TODD PHELPS NICKNAME LAST SUFFIX		7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 500 E 4TH ST # 424 AUSTIN, TEXAS 78701
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 942-9692		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 27 / 18 THROUGH 10 / 27 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 18		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) MAYOR - CITY OF AUSTIN

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

TODD PHELPS

15 Filer ID (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

TODD PHELPS FOR AUSTIN

COMMITTEE ADDRESS

500 E. 4TH ST. #424

AUSTIN, TEXAS 78701

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

\$

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

\$ 3,784.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,678.25

CONTRIBUTION
BALANCE

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

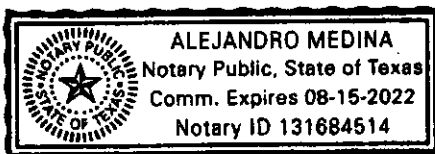
\$ 2,967.09

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 30th day of October, 2018, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Alejandro Medina

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,787.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,678.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

SHERI RADOMSKY

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City; State; Zip Code

6301 WOODHUE DR.
AUSTIN, TEXAS 78745

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS DAVID ROSENBLUM

Amount of contribution (\$)

\$700.00

Contributor address;

City; State; Zip Code

10 WINDSON CT.
PURCHASE, NEW YORK 10577

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FINANCIAL PROFESSIONAL

PCM

Date

10/1/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR. AND MRS MICHAEL HINSCHANG

Amount of contribution (\$)

\$700.00

Contributor address;

City; State; Zip Code

10 EAST 53RD ST.
NY, NY 10022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FINANCIAL

PCM

Date

10/2/18

Full name of contributor

☐ out-of-state PAC (ID#:

SHAWN INELAND

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

201 SPENCE DRIVE
AUSTIN, TEXAS 75058

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TOO AHEAS

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

DEBRA INELAND

7 Amount of contribution (\$)

\$350.00

6 Contributor address;

City; State; Zip Code

201 SPENCE DRIVE
AUSTIN, TEXAS 75058

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#:

CANDOLYN GETTING

Amount of contribution (\$)

\$30.00

Contributor address;

City; State; Zip Code

6401 AVENUE ISLAND DR.
AUSTIN, TEXAS 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#:

RUSSELL DARR

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

2206 WHITSTONE DR.
AUSTIN, TEXAS 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/18

Full name of contributor

☐ out-of-state PAC (ID#:

ANNA SMATH

Amount of contribution (\$)

\$35.00

Contributor address;

City; State; Zip Code

1921 W. 40TH ST.
AUSTIN, TEXAS 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/18

5 Full name of contributor

HNT PAC

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$350.00

6 Contributor address;

City; State; Zip Code

P.O. Box 28881
AUSTIN, TEXAS

78755

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/26/18

Full name of contributor

MARK FLOREANI

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

4210 AVENUE C
AUSTIN, TEXAS

78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/18

Full name of contributor

DREW RAFFAELLE

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

200 LEE BANTON DR. # 100
AUSTIN, TEXAS

78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/18

Full name of contributor

GEORGE TOBAN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

11200 RANDY ROAD
AUSTIN, TEXAS

787

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TOOD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT DRAPER

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City; State; Zip Code

12317 CAHONE TRAIL
AUSTIN, TEXAS 78729

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

RYAN ESPIN

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

625 E STASSNEY
AUSTIN, TEXAS

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID MACEE

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

128 CRESSBROOK DR
RED OAK, TEXAS 75157

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#:

LAUREN FISH

Amount of contribution (\$)

\$199.00

Contributor address;

City; State; Zip Code

3125 N. LAMAN BLVD.
AUSTIN, TEXAS 78705

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

NW. AUSTIN REPUBLICAN WOMEN

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

8709 TIN ROOF DR. 78681
AUSTIN, TEXAS

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23/18

Full name of contributor

☐ out-of-state PAC (ID#:

SCOTT MIDGET

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

300 KISSING OAK DR.
AUSTIN, TX 78748

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

NXP Semi. con.

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME TOOD PHELPS		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/18		5 Payee name CHRIS HOWE			
6 Amount (\$) \$ 945.00		7 Payee address; City; State; Zip Code 16608 JANON DR. MANON, TEXAS 78653			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONSULTING/ADV		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 10/24/18		Payee name CHRIS HOWE			
Amount (\$) \$ 1431.00		Payee address; City; State; Zip Code 16608 JANON MANON, TEXAS 78653			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING/ADV		Description <input type="checkbox"/> Check 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 10/24/18		Payee name BUILD A SIGN			
Amount (\$) \$ 1017.14		Payee address; City; State; Zip Code 11525 A STONEHOLLOW DR AUSTIN, TEXAS 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description <input type="checkbox"/> Check 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME TOOD PHELPS		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/18		5 Payee name BUILD A SIGN			
6 Amount (\$) \$678.13		7 Payee address; City; State; Zip Code 111525 A STONEHOLLOW DR. AUSTIN, TEXAS 78755			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 10/16/18		Payee name TRIAZ DIGITAL PRINTING			
Amount (\$) \$378.88		Payee address; City; State; Zip Code 2433 RUTLAND DR. AUSTIN, TEXAS 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description <input type="checkbox"/> Check 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 10/18/18		Payee name TRIAZ DIGITAL PRINTING			
Amount (\$) \$108.05		Payee address; City; State; Zip Code 2433 RUTLAND DR. AUSTIN, TEXAS 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description <input type="checkbox"/> Check 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD PHELPS	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/18	5 Payee name LINDA MESSIER	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 11610 CITICORP HOLLOW AUSTIN, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check 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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		