

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	Receipt # Amount	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Imaged	
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 checked="" type="checkbox"/> July 15 <input 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 THROUGH Month Day Year 4 / 21 / 14 6 / 30 / 14 THP		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Mayor	

GO TO PAGE 2

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 pages17 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)

\$

*1,588.03*EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*2,052.76*CONTRIBUTION
BALANCE

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

\$

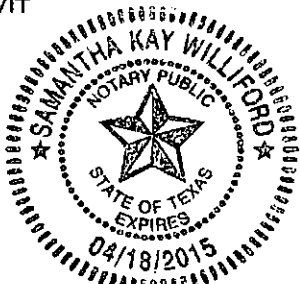
*0*OUTSTANDING
LOAN TOTALS

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

\$

8,500.00

18 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.

Todd Phelps
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Todd Phelps, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Samantha Kay Williford
Signature of officer administering oath

Samantha K. Williford
Printed name of officer administering oath

Notary public
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

2 FILER NAME

Todd Phelps

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-26-14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gene + Sue Johnson

6 Contributor address; City; State; Zip Code

124 E 13th Street

Houston TX. 77008

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired Principal Retired Teacher

10 Employer (See Instructions)

Date

5-19-14

Full name of contributor

☐ out-of-state PAC (ID#)

David Stojanick

Contributor address; City; State; Zip Code

5801 Gentle Breeze Terrace

Austin, TX 78731

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)

Real Estate Broker

Employer (See Instructions)

Kucera Company

Date

5-27-14

Full name of contributor

☐ out-of-state PAC (ID#)

Todd Phelps

Contributor address; City; State; Zip Code

3616 Forrester Blvd. Austin 78731
Suite 117 #198

Amount of contribution (\$)

0.49¢

In-kind contribution description (if applicable)

Saguenay Fund
Test.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-29-14

Full name of contributor

☐ out-of-state PAC (ID#)

Todd Phelps

Contributor address; City; State; Zip Code

3616 Forrester Blvd. Austin
Suite 117 #198 78731

Amount of contribution (\$)

0.81¢

In-kind contribution description (if applicable)

Saguenay Fund
Test

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-04-14

Full name of contributor

☐ out-of-state PAC (ID#)

Return - Network Solutions

Contributor address; City; State; Zip Code

Website Return

Amount of contribution (\$)

86.73

In-kind contribution description (if applicable)

(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

Todd Phelps

3 ACCOUNT # (Ethics Commission Filers)

2

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Michael Anderson

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2100 Broad Oaks Austin TX.

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Insurance Agent

10 Employer (See Instructions)

Anderson Rogers Insurance

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Mathew Felton

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Austin TX.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Cattlemen

Employer (See Instructions)

Felton Cattle Company

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Hub Bechtel SR.

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Austin TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Hub Bechtel JR.

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*106 East 6th St.
Suite 824 Austin TX. 78734*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Cardno Entix

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Carlos Klutts

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1605 Preston Avenue, Austin TX.
78703*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Texas Heritage Brokers, INC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <i>Todd Phelps</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan <i>6-9-14</i>	7 Name of lender <i>Todd Phelps</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) <i>2,500.00</i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address; City: State: Zip Code <i>Todd Phelps 3616 Forwest Blvd Suite 117 #198 78731</i>	10 Interest rate _____	
		11 Maturity date _____	
12 Principal occupation / Job title (See Instructions) <i>Phelps & Ray - Co Founder</i>		13 Employer (See Instructions) <i>Phelps & Ray, Phelps Forwest Ranch TME</i>	
14 Description of Collateral <input type="checkbox"/> none <i>NA</i>		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City: State: Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan <i>7-15-14</i>	Name of lender <i>Todd Phelps</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$) <i>6,000.00</i>
Is lender a financial institution? <i>Y</i> <i>N</i>	Lender address; City: State: Zip Code <i>Todd Phelps 3616 Forwest Blvd Suite 117 #198 78731</i>	Interest rate _____
		Maturity date _____
Principal occupation / Job title (See Instructions) <i>Phelps & Ray Co Founder</i>		Employer (See Instructions) <i>Phelps & Ray, Phelps Forwest Ranch TME</i>
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City: State: Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: 5		2 FILER NAME Todd Phelps		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/01/14		5 Payee name Face Book Inc.			
6 Amount (\$) 25.55		7 Payee address; City; State; Zip Code Facebook			
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)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/03/14		Payee name Facebook Inc			
Amount (\$) 50.66		Payee address; City; State; Zip Code Facebook			
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 7/07/14		Payee name Stitch America			
Amount (\$) 311.55		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		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 6/19/14		Payee name Five Colors Tree Self Event			
Amount (\$) 225.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Staff Tickets		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>Todd Phelps</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-02-14</i>		5 Payee name <i>Network Solutions</i>			
6 Amount (\$) <i>12.99</i>		7 Payee address; City; State; Zip Code <i>8886429675 FL,</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Website</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6-2-14</i>		Payee name <i>Network Solutions</i>			
Amount (\$) <i>144.61</i>		Payee address; City; State; Zip Code <i>888-642-9675 FL,</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Website</i>		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 <i>5/30/14</i>		Payee name <i>Brooke Holderby</i>			
Amount (\$) <i>360.00</i>		Payee address; City; State; Zip Code <i>2104 East Anderson Lane, Austin TX #1033 78752</i>			
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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5/23/14</i>		Payee name <i>M W. Mount Laurel Grand Lodge</i>			
Amount (\$) <i>150.00</i>		Payee address; City; State; Zip Code <i>1704 Ecal 12th St. 78702</i>			
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)	
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 <i>Todd Phelps</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/27/14</i>		5 Payee name <i>Horseshoe Creek/ACC</i>			
6 Amount (\$) <i>42.18</i>		7 Payee address; City; State; Zip Code <i>N/A Wortham Center</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Accounting/Banking (Checks)</i>		(b) 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 <i>6/02/14</i>		Payee name <i>Network Solutions</i>			
Amount (\$) <i>59.99</i>		Payee address; City; State; Zip Code <i>FL</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Website</i>		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 <i>6/02/14</i>		Payee name <i>Network Solutions</i>			
Amount (\$) <i>144.61</i>		Payee address; City; State; Zip Code <i>FL</i>			
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 <i>6-17-14</i>		Payee name <i>Brooke Holderby</i>			
Amount (\$) <i>280.00</i>		Payee address; City; State; Zip Code <i>2104 East Anderson Lane Austin Tx. #1033 78752</i>			
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)	
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
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 <i>10dd Phelps</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/05/14</i>		5 Payee name <i>Network Solutions</i>			
6 Amount (\$) <i>31.92</i>		7 Payee address; City; State; Zip Code <i>FL</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Website</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>6/09/14</i>		Payee name <i>Network Solutions</i>			
Amount (\$) <i>94.76</i>		Payee address; City; State; Zip Code <i>FL</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Website</i>		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 <i>6/09/14</i>		Payee name <i>Network Solutions</i>			
Amount (\$) <i>12.95</i>		Payee address; City; State; Zip Code <i>FL</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Website</i>		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 <i>6-9-14</i>		Payee name <i>Brook Holderby</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>2104 East Anderson Lane Austin TX. #1033 78752</i>			
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)	
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
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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 <i>Todd Phelps</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/23/14</i>		5 Payee name <i>Brooke Holderby</i>			
6 Amount (\$) <i>180.00</i>		7 Payee address; City; State; Zip Code <i>2104 East Anderson Lane Austin Tx #1033 78752</i>			
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)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5/22/14</i>		Payee name <i>Paypal Verification</i>			
Amount (\$) <i>0.19</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Paypal Verification</i>		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 <i>5/22/14</i>		Payee name <i>Paypal Verification</i>			
Amount (\$) <i>0.11</i>		Payee address; City; State; Zip Code <i>Paypal</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Paypal Verification</i>		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 <i>5-22-14</i>		Payee name <i>Paypal Verification</i>			
Amount (\$) <i>0.30</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Paypal Verification</i>		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	

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