

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY Date Received OCT RECEIVED AT OCT 9 '18 PM 3:32 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 8 / 20 / 2018 THROUGH 9 / 27 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 12 / 6 / 2018	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

TODD PHELPS

COMMITTEE CAMPAIGN TREASURER ADDRESS

500 E 4TH ST # 424
AUSTIN, TEXAS 78101

☐ 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)

\$ 5093.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,231.66

CONTRIBUTION
BALANCE

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

\$ 3,861.34

OUTSTANDING
LOAN TOTALS

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

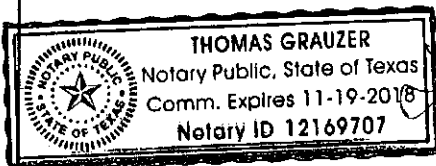
\$ 3,804.33

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.

[Signature]

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Todd Phelps, this the 9th day of October, 2018, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Thomas A. Grauzer

Printed name of officer administering oath

notary public

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

TOOD PHELPS

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5093.06
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	\$ 1,231.66
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:

5

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

9/10/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

RHONDA MURPHY

7 Amount of contribution (\$)

\$ 22.00

6 Contributor address;

City; State; Zip Code

15424 WHISTLING STRAITS DR. AUSTIN, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIAM + SUSAN FRIEDRICH

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

10504 PAINTED VALLEY COVE
AUSTIN, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

BARNETT ALLISON

Amount of contribution (\$)

\$ 350.00

Contributor address;

City; State; Zip Code

7200 TWILIGHT MESA DR.
AUSTIN, TEXAS 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ENVIRONMENTAL ENGINEER

SELF EMPLOYED

Date

9/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

SUSAN SPATARO

Amount of contribution (\$)

\$ 350.00

Contributor address;

City; State; Zip Code

6628 HASWELL LANE
AUSTIN, TEXAS 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIREE, PART-TIME FINANCIAL CONSULTANT

SELF EMPLOYED

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:

5

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

FRANCOISE LUCA

7 Amount of contribution (\$)

\$ 350.00

6 Contributor address;

City; State; Zip Code

1108 GEMINI DRIVE
AUSTIN, TEXAS 78758

8 Principal occupation / Job title (See Instructions)

MARKETING

9 Employer (See Instructions)

WESTVIEW MARKETING

Date

9/14/18

Full name of contributor

☐ out-of-state PAC (ID#)

MARY K HILL

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

908 CEDAR GIN, AUSTIN, TEXAS 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/18

Full name of contributor

☐ out-of-state PAC (ID#)

TODD PHELPS

Amount of contribution (\$)

\$1.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/18

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT EISEN

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

5000 PLAZA ON THE LAKE
AUSTIN, TEXAS 78746

Principal occupation / Job title (See Instructions)

GENERAL PARTNER

Employer (See Instructions)

PCM

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:

5

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/18

5 Full name of contributor

MYRA ALLISON

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$350.00

6 Contributor address;

City; State; Zip Code

7200 TWILIGHT MESA
AUSTIN, TEXAS 78737

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

9/19/18

Full name of contributor

BARBARA SZALAY

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

1322 THADDEUS COVE
AUSTIN, TEXAS 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/18

Full name of contributor

JONATHAN RUMION

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

6301 WOODHUE DR.
AUSTIN, TEXAS 78743

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/18

Full name of contributor

MR AND MRS. MICHAEL MURPHY

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$700.00

Contributor address;

City; State; Zip Code

9760 BIG VIEW DRIVE
AUSTIN, TEXAS 78730

Principal occupation / Job title (See Instructions)

FINANCIAL MGR

Employer (See Instructions)

PROPHET ASSET MGR

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:

5

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

SHYRA DARR

7 Amount of contribution (\$)

\$350.00

6 Contributor address;

City; State; Zip Code

6600 CAT CREEK TRAIL
AUSTIN, TEXAS 78731

8 Principal occupation / Job title (See Instructions)

GOVERNMENT EMPLOYEE

9 Employer (See Instructions)

STATE OF TEXAS

Date

9/24/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS KURT RECHEN

Amount of contribution (\$)

\$700.00

Contributor address;

City; State; Zip Code

5908 OVENLOOK
AUSTIN, TEXAS 78730

Principal occupation / Job title (See Instructions)

FINANCIAL EXECUTIVE

Employer (See Instructions)

PROPHET ASSET MGT

Date

9/25/18

Full name of contributor

☐ out-of-state PAC (ID#)

CORNELIA ADAMS FOSTER

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

4511 ISLAND COVE
AUSTIN, TEXAS 78731

Principal occupation / Job title (See Instructions)

GP /

Employer (See Instructions)

ADAMS - FOSTER FAMILY

Date

9/26/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS LOCAN LOWE

Amount of contribution (\$)

\$700.00

Contributor address;

City; State; Zip Code

10 E. 53RD ST.
NY, NY

Principal occupation / Job title (See Instructions)

FINANCIAL ANALYST

Employer (See Instructions)

PCM

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: **5**

2 FILER NAME

TODD PHELPS

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/18

5 Full name of contributor

NICOLE WOLF

☐ out-of-state PAC (ID#):

7 Amount of contribution (\$)

\$ 350.00

6 Contributor address;

City; State; Zip Code

**307 E. WALNUT DR.
AUSTIN TEXAS 787**

8 Principal occupation / Job title (See Instructions)

HOSPITALITY

9 Employer (See Instructions)

PLUCKEN'S

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)

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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 9-27-18	5 Payee name PAL PAL	
6 Amount (\$) \$85.66	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING FEES	
	(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 9-14-18	Payee name TRIAZ DIGITAL PRINTING	
Amount (\$)	Payee address; City; State; Zip Code 2433 RUTLAND DR. #130 AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	
	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 9-17 to 9-27	Payee name EMENSON PROPERTIES	
Amount (\$) 1,000	Payee address; City; State; Zip Code 200 E LIVE OAK AUSTIN, TEXAS	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE RENTAL / OVERHEAD EXPENSE	
	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		