

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 2em;">4</div>								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MR</u> FIRST <u>BOB</u> MI <u>C.</u> ----- NICKNAME      LAST      SUFFIX <u>PHILIPS</u>	<div style="text-align: center; border: 2px solid blue; padding: 5px; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JUL 14 2014</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">CITY MANAGER'S OFFICE</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%; padding: 2px;">Date Received</td> <td style="width:50%; padding: 2px;">Date Hand-delivered or Postmarked</td> </tr> <tr> <td style="padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Date Received	Date Hand-delivered or Postmarked	Receipt #	Amount	Date Processed		Date Imaged	
Date Received	Date Hand-delivered or Postmarked										
Receipt #	Amount										
Date Processed											
Date Imaged											
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <u>12705 EPPS FIELD</u> <u>FARMERS BRANCH, TX 75234</u>										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <u>(972) 484-9388</u>										
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI ----- NICKNAME      LAST      SUFFIX <u>WOODY</u>										
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <u>3415 CHAPPARRAL DR</u> <u>FARMERS BRANCH, TX 75234</u>										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <u>(972) 243-5908</u>										
<b>9 REPORT TYPE</b>	<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)										
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <u>6 / 11 / 14</u> <u>7 / 15 / 14</u>										
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <u>6 / 21 / 14</u>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>MAYOR</u>	<b>13 OFFICE SOUGHT (if known)</b>									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2


14 C/OH NAME <i>Bob C. Phelps</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25 <sup>00</sup> -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5119. <sup>96</sup> -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 897. <sup>14</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7500. <sup>00</sup> -

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.



*Bob Phelps*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Angela Kelly*

Signature of officer administering oath

Angela Kelly

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: 1

2 FILER NAME BOB C PHELPS

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
6/22/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
STEVE NGUYEN

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
2811 S. HAMPTON RD. ST. B  
DALLAS TX 75224

300.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
M.D.

10 Employer (See Instructions)

Date  
7/1/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MARY BETH + PAUL GEIGER

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
13834 TANGLEWOOD  
FARMERS BRANCH, TX 75234

100.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)

Date

Full name of contributor  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  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  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	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: <b>1</b>	2 FILER NAME <b>BOB C. PHELPS</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6-16-14</b>	5 Payee name <b>PRINTING ETC</b>
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6 Amount (\$) <b>363.<sup>46</sup>-</b>	7 Payee address; City; State; Zip Code <b>3141 IRVING BLVD ST. 215 DALLAS, TX 75247</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MAILERS</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-16-14</b>	Payee name <b>PRINTING ETC</b>
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Amount (\$) <b>344.<sup>11</sup>-</b>	Payee address; City; State; Zip Code <b>3141 IRVING BLVD ST. 215 DALLAS, TX 75247</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>MAILERS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-16-14</b>	Payee name <b>PRINTING ETC</b>
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Amount (\$) <b>3178.34</b>	Payee address; City; State; Zip Code <b>3141 IRVING BLVD ST. 215 DALLAS, TX 75247</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>MAILERS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-16-14</b>	Payee name <b>FLEX PRESS</b>
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Amount (\$) <b>1234.<sup>05</sup>-</b>	Payee address; City; State; Zip Code <b>4410 SPRING VALLEY RD. DALLAS, TX 75244</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b>
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Complete ONLY 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