

# 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: <b>23</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>(MR)</b> FIRST <b>BOB</b> MI <b>C</b> NICKNAME      LAST <b>HELPS</b> SUFFIX _____	<b>OFFICE USE ONLY</b> Date Received: <b>RECEIVED</b> <b>JUL 06 2015</b>
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>12705 EPPS FIELD RO</b> <b>FARMERS BRANCH, TX 75234</b>	Date Hand Delivered / Postmarked: <b>CITY MANAGER'S OFFICE</b> Receipt #      Amount
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972) 484-9388</b>	Date Processed
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>(MRS)</b> FIRST <b>JAN</b> MI NICKNAME      LAST <b>WOODY</b> SUFFIX <b>SEE ATTACHED</b> _____	Date Imaged
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3415 CHAPPARAL DR.</b> <b>FARMERS BRANCH, TX 75234</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972) 243-5908</b>
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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)
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10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 15 / 15</b> <b>7 / 15 / 15</b>
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11 ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <b>6 / 21 / 14</b>
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12 OFFICE	OFFICE HELD (if any) <b>MAYOR</b>	13 OFFICE SOUGHT (if known)
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME BOB C. 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.

GENERAL  
 SPECIFIC

additional pages

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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 328.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7500.00

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 6 day of July, 20 15, to certify which, witness my hand and seal of office.

LaJeanne M. Thomas  
Signature of officer administering oath

LaJeanne M. Thomas  
Printed name of officer administering oath

Executive Asst.  
Title of officer administering oath

# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

**FORM ACTA**  
**PG 1**

<b>1</b> CANDIDATE NAME <i>Bob C. Phelps</i>	<b>2</b> ACCOUNT #	<b>3</b> Total pages filed: <i>3</i>
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**See ACTA Instruction Guide for detailed instructions.**  
**Use this form for changes to existing information only. Do not provide information previously disclosed.**

<b>4</b> CANDIDATE NAME	<input type="checkbox"/> NEW	MS / MRS / MR <i>(MR)</i>	FIRST <i>BOB</i>	MI <i>C.</i>	<b>OFFICE USE ONLY</b>		
			NICKNAME <i>PHELPS</i>	LAST <i>PHELPS</i>	Date Received		
<b>5</b> CANDIDATE MAILING ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>12705 EPPS FIELD FARMERS BRANCH, TX 75234</i>			Date Hand-delivered or Postmarked		
<b>6</b> CANDIDATE PHONE	<input type="checkbox"/> NEW	AREA CODE <i>(972)</i>	PHONE NUMBER <i>484-9388</i>	EXTENSION	Date Processed		
<b>7</b> OFFICE HELD (if any)	<input type="checkbox"/> NEW	<i>MAYOR</i>				Date Imaged	
<b>8</b> OFFICE SOUGHT (if known)	<input type="checkbox"/> NEW						
<b>9</b> CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW	MS / MRS / MR <i>(MR)</i>	FIRST <i>WILLIAM W.</i>	MI <i>PHELPS</i>	NICKNAME <i>(BILL)</i>	LAST <i>PHELPS</i>	SUFFIX
<b>10</b> CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3135 ROLLING KNOLL Cr. FARMERS BRANCH, TX 75234</i>					
<b>11</b> CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW	AREA CODE <i>(972)</i>	PHONE NUMBER <i>247-7636</i>	EXTENSION			
<b>12</b> CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p align="center"><i>Bob Phelps</i> _____ Signature of Candidate</p> <p align="right"><i>7-6-15</i> _____ Date Signed</p>						

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