



# 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> 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	\$ 205. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4600. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2800. <sup>40</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4424. <sup>29</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000. <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 2 day of May, 20 14, 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

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: <b>3</b>	
2 FILER NAME <b>BOB PHELPS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-12-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAM &amp; PHYLLIS ALLEN</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3014 GOLFING GREEN FARMERS BRANCH, TX 75234</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		10 Employer (See Instructions)	
Date <b>4-12-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY BAKER</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14211 CORAL HARBOUR CIR FARMERS BRANCH, TX 75234</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>4-12-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDY BYRD</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2980 ERIC LN. FARMERS BRANCH, TX 75234</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>HOME MAKER</b>		Employer (See Instructions)	
Date <b>4-12-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAT &amp; CAROL CLAYTON</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3608 CEDAR FARMERS BRANCH, TX 75234</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4-12-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN BROOKS</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2710 VALLEY VIEW LN. FARMERS BRANCH, TX 75234</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>FUNERAL HOME</b>		Employer (See Instructions) <b>SELF - OWNER</b>	

**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:

3

2 FILER NAME

BOB HELPS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-12-14

5 Full name of contributor

ALMA BOB

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

4066 NORTHVIEW  
DALLAS, TX 75229

7 Amount of contribution (\$)

200.<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

HOME MAKER

10 Employer (See Instructions)

Date

4-12-14

Full name of contributor

PHILLIA HETTICH

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4066 NORTHVIEW  
DALLAS, TEX 75229

Amount of contribution (\$)

300.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

SELF

Date

4-16-14

Full name of contributor

CHARLIE & MARIE BIRD

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

14635 TANGLEWOOD  
FARMERS BRANCH, TX 75234

Amount of contribution (\$)

200.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4-19-14

Full name of contributor

KRISTIN & SAMMY BICKHAM

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3746 RIDGE OAK WAY  
FARMERS BRANCH, TX 75234

Amount of contribution (\$)

1000.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF

Date

4-19-14

Full name of contributor

ANDY OLIVO

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1622 E. BELTLINE ST. 100  
CANNOLLTON, TX 75006

Amount of contribution (\$)

500.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

BOB PHELPS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-25-14

5 Full name of contributor

out-of-state PAC (ID#)

DONOTHY & LEE GROVES

6 Contributor address; City; State; Zip Code

2 LOST VALLEY DR.  
FARMERS BRANCH, TX 75234

7 Amount of contribution (\$)

1000.<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ELECTRIC CONTRACTOR

10 Employer (See Instructions)

GROVES ELECT. OWNER

Date

4-25-14

Full name of contributor

out-of-state PAC (ID#)

LYNN & HISASHI NIKAIKIDON

Contributor address; City; State; Zip Code

P.O. BOX 810007  
FARMERS BRANCH, TX 75234

Amount of contribution (\$)

250.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HEART SURGEON

Employer (See Instructions)

SELF

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>		2 FILER NAME <b>BOB PHELPS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-10-14</b>		5 Payee name <b>BOOKER INDUSTRIES</b>			
6 Amount (\$) <b>200.<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>2344 FARRINGTON DALLAS, TX 75207</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>VOTING LISTS</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>VOTING LISTS</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-16-14</b>		Payee name <b>CITY OF FARMERS BRANCH</b>			
Amount (\$) <b>104.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>13000 WM. DODSON PKWY FARMERS BRANCH, TX 7523X</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>SENIOR LUNCH (BIRTHDAY)</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-17-14</b>		Payee name <b>JAN WOODY</b>			
Amount (\$) <b>25.<sup>84</sup></b>		Payee address; City; State; Zip Code <b>3415 CHAPARRAL FARMERS BRANCH, TX 75234</b>			
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>STAMPS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-24-14</b>		Payee name <b>PRINTING ETC</b>			
Amount (\$) <b>748.<sup>08</sup></b>		Payee address; City; State; Zip Code <b>3141 INWOOD RD ST. 215 DALLAS, TX 75247</b>			
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>POSTAGE</b>	
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 | 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>2</b>	2 FILER NAME <b>BOB PHELPS</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4-24-14</b>	5 Payee name <b>FLEX PRESS</b>
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6 Amount (\$) <b>546.34</b>	7 Payee address; City; State; Zip Code <b>4410 SPRING VALLEY DALLAS, TX 75244</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>YARD SIGNS</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-1-14</b>	Payee name <b>PRINTING ETC</b>
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Amount (\$) <b>1176.14</b>	Payee address; City; State; Zip Code <b>3141 INWOOD RD. 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>CARDS</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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