



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Mr. Shane Phelps

**15 ACCOUNT #** (Ethics Commission filers)  
XXXXXX

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This listing includes political expenditures 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 38392.38

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 32864.34

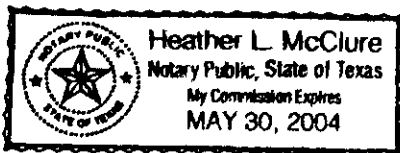
**OUTSTANDING LOAN TOTALS**

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

\$ 20000.00

**19 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.



*Shane Phelps*  
Signature of Candidate or Officeholder

*Heather L. McClure*  
1/16/01

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages this report:  
3/15

**2** FILER NAME  
Mr. Shane Phelps

**3** ACCOUNT # (Ethics Commission filers)  
XXXXXX

**4** Date  
11/01/2000

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Linda Addison

**7** Amount of contribution (\$)  
250.00

**8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
1301 Mc Kinney 51st Floor  
Houston TX 77010

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
10/31/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Associated Republicans of Texas

Amount of contribution (\$)  
10000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
807 Brazos  
Suite 601  
Austin TX 78701

Principal occupation (Optional)

Employer (Optional)

Date  
11/06/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Associated Republicans of Texas

Amount of contribution (\$)  
10000.00

In-kind contribution description (if applicable)  
Forgiveness of loan/debt

Contributor address; City; State; Zip Code  
807 Brazos  
Suite 601  
Austin TX 78701

Principal occupation (Optional)

Employer (Optional)

Date  
10/31/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Baker Botts L.L.P.

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
One Shell Plaza  
910 Louisiana Street  
Houston TX 77002

Principal occupation (Optional)

Employer (Optional)

Date  
11/01/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Beverly Woolley Campaign

Amount of contribution (\$)  
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
55 Waugh Drive, Suite 610  
Houston TX 77007

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this report:  
4/15

**2** FILER NAME  
Mr. Shane Phelps

**3** ACCOUNT # (Ethics Commission filers)  
XXXXXX

**4** Date: 11/01/2000  
**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Marion Bloss  
**6** Contributor address; City; State; Zip Code  
P.O. Box 9130  
Austin TX 78766

**7** Amount of contribution (\$): 278.88  
**8** In-kind contribution description (if applicable)  
Postage and printing

**9** Principal occupation (Optional) **10** Employer (Optional)

Date: 11/01/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Mrs. John Butler Jr.  
Contributor address; City; State; Zip Code  
4605 Post Oak Place, Suite 107  
Houston TX 77027

Amount of contribution (\$): 300.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 11/01/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Fran and Jack Colby  
Contributor address; City; State; Zip Code  
2403 Homedale Circle  
Austin TX 78704

Amount of contribution (\$): 174.00  
In-kind contribution description (if applicable)  
Postage and printing

Principal occupation (Optional) Employer (Optional)

Date: 10/31/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
William Crocker  
Contributor address; City; State; Zip Code  
P.O. Box 1418  
Austin TX 78767

Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 11/02/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Chuck Croslin  
Contributor address; City; State; Zip Code  
6309 Northgrove Road  
Austin TX 78731

Amount of contribution (\$): 200.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
5/15

2 FILER NAME  
Mr. Shane Phelps

3 ACCOUNT # (Ethics Commission files)  
XXXXXX

4 Date  
12/18/2000

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Gerald Daugherty

7 Amount of contribution (\$)  
1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
1109 South Pleasant Valley Road  
Austin TX 78741

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
11/01/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
De Leon, Boggins & Icenogle, P.C.

Amount of contribution (\$)  
1500.00

In-kind contribution description (if applicable)  
October and November office space and administrative services

Contributor address; City; State; Zip Code  
221 West 6th Street, Suite 1050  
Austin TX 78701

Principal occupation (Optional)

Employer (Optional)

Date  
11/01/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Kaye Goolsby

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1602 Kings Castle  
Katy TX 77450

Principal occupation (Optional)

Employer (Optional)

Date  
11/30/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Weldon Graham

Amount of contribution (\$)  
10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
14011 Panorama Drive  
Austin TX 78732

Principal occupation (Optional)

Employer (Optional)

Date  
11/01/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Rowland Greenwade

Amount of contribution (\$)  
348.85

In-kind contribution description (if applicable)  
Postage and printing

Contributor address; City; State; Zip Code  
4603 Marion Cricket Drive  
Austin TX 78747

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages this report:  
6/15

**2** FILER NAME

Mr. Shane Phelps

**3** ACCOUNT # (Ethics Commission filers)  
XXXXXX

**4** Date

11/01/2000

**5** Full name of contributor  out-of-state PAC(ID#..... )  
Paula Hartman

**6** Contributor address; City; State; Zip Code  
3002 Barton Point Drive  
Austin TX 78733

**7** Amount of contribution (\$)  
150.00

**8** In-kind contribution description (if applicable)  
Newspaper advertisement

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date

11/01/2000

Full name of contributor  out-of-state PAC(ID#..... )  
Robert Honts

Contributor address; City; State; Zip Code  
2300 Lohmans Crossing Road  
Suite 190  
Austin TX 78734

Amount of contribution (\$)  
653.39

In-kind contribution description (if applicable)  
Printing and postage

Principal occupation (Optional)

Employer (Optional)

Date

10/29/2000

Full name of contributor  out-of-state PAC(ID#..... )  
Alfred King

Contributor address; City; State; Zip Code  
P.O. Box 50566  
Austin TX 78763

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/29/2000

Full name of contributor  out-of-state PAC(ID#..... )  
Lake Travis Republican PAC

Contributor address; City; State; Zip Code  
PO Box 340327  
Austin TX 78734

Amount of contribution (\$)  
3000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/01/2000

Full name of contributor  out-of-state PAC(ID#..... )  
Catherine Larson

Contributor address; City; State; Zip Code  
6316 Needham Lane  
Austin TX 78739-1509

Amount of contribution (\$)  
111.00

In-kind contribution description (if applicable)  
Postage and printing

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
7/15

2 FILER NAME  
Mr. Shane Phelps

3 ACCOUNT # (Ethics Commission filers)  
XXXXXX

4 Date: 11/01/2000  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Locke Liddell & Sapp LLP  
6 Contributor address; City; State; Zip Code  
600 Travis Street, Suite 3400  
Austin TX 77002

7 Amount of contribution (\$): 500.00  
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date: 11/30/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Jim Lodwick  
Contributor address; City; State; Zip Code  
7710 Shadyrock Drive  
Austin TX 78731

Amount of contribution (\$): 300.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 11/30/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Dan Matheson  
Contributor address; City; State; Zip Code  
2901 Navidad Cove  
Austin TX 78735

Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 11/30/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Ray McEachern  
Contributor address; City; State; Zip Code  
7606 Rustling Road  
Austin TX 78731

Amount of contribution (\$): 150.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 11/01/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Wilhemina Morian  
Contributor address; City; State; Zip Code  
601 Jefferson, Suite 4000  
Houston TX 77002

Amount of contribution (\$): 1000.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
8/15

2 FILER NAME  
Mr. Shane Phelps

3 ACCOUNT # (Ethics Commission filers)  
XXXXXX

4 Date  
10/29/2000

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Bill Nalle

6 Contributor address; City; State; Zip Code  
4615 Bunny Run Road  
Austin TX 78746

7 Amount of contribution (\$)  
50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
11/01/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
John Nau

Contributor address; City; State; Zip Code  
3217 Del Monte  
Houston TX 77019

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
11/01/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Reliant Energy PAC

Contributor address; City; State; Zip Code  
1100 Louisiana  
Houston TX 77002

Amount of contribution (\$)  
339.75

In-kind contribution description (if applicable)  
Catering for Houston e - vent

Principal occupation (Optional)

Employer (Optional)

Date  
11/03/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Robert Rowland

Contributor address; City; State; Zip Code  
1122 Colorado, Suite 1002  
Austin TX 78701

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
11/03/2000

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Richard Salwen

Contributor address; City; State; Zip Code  
8 Hedge Lane  
Austin TX 78746

Amount of contribution (\$)  
1207.46

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages this report:  
9/15

**2** FILER NAME  
Mr. Shane Phelps

**3** ACCOUNT # (Ethics Commission filers)  
XXXXXX

**4** Date: 10/29/2000  
**5** Full name of contributor  out-of-state PAC(ID#..... )  
B.F. Sellars  
**6** Contributor address; City; State; Zip Code  
11512-309 Tin Cup  
Austin TX 78750

**7** Amount of contribution (\$): 25.00  
**8** In-kind contribution description (if applicable)

**9** Principal occupation (Optional) **10** Employer (Optional)

Date: 11/30/2000  
Full name of contributor  out-of-state PAC(ID#..... )  
Jean Strehli  
Contributor address; City; State; Zip Code  
6111 Mountainclimb Drive  
Austin TX 78731

Amount of contribution (\$): 200.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 11/01/2000  
Full name of contributor  out-of-state PAC(ID#..... )  
Lou Suffredini  
Contributor address; City; State; Zip Code  
109 Morning Cloud Drive  
Austin TX 78734

Amount of contribution (\$): 44.05  
In-kind contribution description (if applicable)  
Postage and printing

Principal occupation (Optional) Employer (Optional)

Date: 10/30/2000  
Full name of contributor  out-of-state PAC(ID#..... )  
Nicole Thomas  
Contributor address; City; State; Zip Code  
2515 Chestnut Circle  
Pearland TX 77584

Amount of contribution (\$): 200.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 10/29/2000  
Full name of contributor  out-of-state PAC(ID#..... )  
Travis Republican Woman PAC  
Contributor address; City; State; Zip Code  
902A W. 18th Street  
Austin TX 78701

Amount of contribution (\$): 50.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
10/15

2 FILER NAME  
Mr. Shane Phelps

3 ACCOUNT # (Ethics Commission filers)  
XXXXXX

4 Date: 11/01/2000  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Virgil Waggoner  
6 Contributor address; City; State; Zip Code  
1111 Bagby Street, Suite 2420  
Houston TX 77002

7 Amount of contribution (\$): 2000.00  
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date: 11/01/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Susan Walden  
Contributor address; City; State; Zip Code  
5215 Birdwood  
Houston TX 77096

Amount of contribution (\$): 500.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 11/01/2000  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_ )  
Ronald Woods  
Contributor address; City; State; Zip Code  
5300 Memorial, Suite 1000  
Houston TX 77007

Amount of contribution (\$): 500.00  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
11/15

2 FILER NAME  
Mr. Shane Phelps

3 ACCOUNT # (Ethics Commission filers)  
xxxxxx

4 Date  
11/10/2000

5 Payee name  
Rita Baranowski

7 Amount  
(\$)  
67.70

6 Payee address; City; State; Zip Code  
904 Wayside  
Austin TX 78703

8 Purpose of expenditure (See instructions regarding type of information required.)  
Reimbursement for food

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/30/2000

Payee name  
Robert Honts

Amount  
(\$)  
1100.00

Payee address; City; State; Zip Code  
2300 Lohmans Crossing Road  
Suite 190  
Austin TX 78734

Purpose of expenditure (See instructions regarding type of information required.)  
Mailer expenses and postage

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/06/2000

Payee name  
Ms. Leslie Jackson

Amount  
(\$)  
173.03

Payee address; City; State; Zip Code  
2112 Palm Vista Drive  
Pflugerville TX 78660

Purpose of expenditure (See instructions regarding type of information required.)  
Reimbursement for purchase of stakes

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/27/2000

Payee name  
Ms. Leslie Jackson

Amount  
(\$)  
1500.00

Payee address; City; State; Zip Code  
2112 Palm Vista Drive  
Pflugerville TX 78660

Purpose of expenditure (See instructions regarding type of information required.)  
Administrative services

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
12/15

2 FILER NAME  
Mr. Shane Phelps

3 ACCOUNT # (Ethics Commission files)  
xxxxxx

4 Date  
11/27/2000

5 Payee name  
LMAO Co

7 Amount  
(\$)  
90.00

6 Payee address; City; State; Zip Code  
916 Minturn Lane  
Austin TX 78748

8 Purpose of expenditure (See instructions regarding type of information required.)  
Web services

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/02/2000

Payee name  
Nutek

Amount  
(\$)  
7500.00

Payee address; City; State; Zip Code  
408 W 14th St.  
Austin TX 78701

Purpose of expenditure (See instructions regarding type of information required.)  
Consulting and reimbursement for fundraising expenses

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/19/2000

Payee name  
Gus Pena

Amount  
(\$)  
75.00

Payee address; City; State; Zip Code  
Austin TX

Purpose of expenditure (See instructions regarding type of information required.)  
Charitable donation

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/10/2000

Payee name  
Prime Self Storage

Amount  
(\$)  
263.33

Payee address; City; State; Zip Code  
P.O. Box 90699  
Austin TX 78709-0699

Purpose of expenditure (See instructions regarding type of information required.)  
Storage

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
13/15

**2** FILER NAME  
Mr. Shane Phelps

**3** ACCOUNT # (Ethics Commission filers)  
xxxxxx

**4** Date  
10/30/2000

**5** Payee name  
Ms. Jean Ricciardello

**7** Amount  
(\$)  
600.00

**6** Payee address; City; State; Zip Code  
5201 Snowmass Cove  
Austin TX 78749

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Reimbursement for expenses incurred

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/06/2000

Payee name  
Ms. Jean Ricciardello

Amount  
(\$)  
194.00

Payee address; City; State; Zip Code  
5201 Snowmass Cove  
Austin TX 78749

Purpose of expenditure (See instructions regarding type of information required.)  
Reimbursement for purchase of stakes and lumber

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/20/2000

Payee name  
Ms. Jean Ricciardello

Amount  
(\$)  
500.00

Payee address; City; State; Zip Code  
5201 Snowmass Cove  
Austin TX 78749

Purpose of expenditure (See instructions regarding type of information required.)  
Reimbursement

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10/31/2000

Payee name  
Strategy Group

Amount  
(\$)  
20000.00

Payee address; City; State; Zip Code  
701 Brazos Street  
Austin TX 78701

Purpose of expenditure (See instructions regarding type of information required.)  
Media

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages report:  
14/15

**2** FILER NAME  
Mr. Shane Phelps

**3** ACCOUNT # (Ethics Commission files)  
XXXXXX

**4** Date  
11/27/2000

**5** Payee name  
Travis Graphics

**7** Amount  
(S)  
220.80

**6** Payee address: City: State: Zip Code  
16109 Awalt Drive  
Austin TX 78734

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Payment for t-shirts

**9** Complete if direct expenditure to benefit C/OH \*\*  
Card date / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
15/15

2 FILER NAME

Mr. Shane Phelps

3 ACCOUNT # (Ethics Commission files)  
XXXXXX

<p>4 Date 11/01/2000</p>	<p>5 Payee name DoubleDave's Pizzaworks</p> <hr/> <p>6 Payee address; City; State; Zip Code 1926 East Riverside  Austin TX 78741</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Food for volunteers</p>	<p>8 Amount (\$) 35.77</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 11/07/2000</p>	<p>Payee name HEB Foodstore #42/Central Market</p> <hr/> <p>Payee address; City; State; Zip Code 4521 Westgate Blvd.  Austin TX 78745</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Food for election night</p>	<p>Amount (\$) 350.19</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 11/05/2000</p>	<p>Payee name Home Depot</p> <hr/> <p>Payee address; City; State; Zip Code 5400 Brodie Lane  Austin TX 78745</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Sign supplies</p>	<p>Amount (\$) 194.52</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

Photo

Shaw's

TX 78749

CERTIFIED MAIL



2099 3400 0015 7979 5328



TRAVIS County Clerk

Courthouse 222

1000 Guadalupe

Austin TX 78701