

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8932

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filer)

2 Total pages filed:

20

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  
Ms.

FIRST  
Maura

MI  
K

NICKNAME

LAST

SUFFIX

Phelan

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX  
Two Park Place  
4009 Banister

APT / SUITE #  
420

CITY  
Austin

STATE  
Texas

ZIP CODE  
78704

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE  
( 512 )

PHONE NUMBER  
472-2300

EXTENSION

Date Hand-Delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  
Ms.

FIRST  
Kathleen

MI  
F

NICKNAME

LAST

SUFFIX

Bay

Receipt \$

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)  
Two Park Place 4009 Banister, Suite 420

CITY  
Austin, Texas

STATE  
Texas

ZIP CODE  
78704

8 CAMPAIGN TREASURER PHONE

AREA CODE  
( 512 )

PHONE NUMBER  
472-2300

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

5th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year  
7 / 1 / 2016

THROUGH

Month Day Year  
9 / 29 / 2016

11 ELECTION

ELECTION DATE

Month Day Year  
11 / 8 / 2016

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Travis County District Attorney

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME **Maura Phelan**

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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) **\$ 51,245.66**

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 10,908.31**

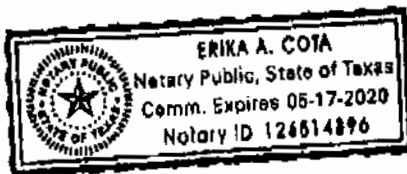
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 22,509.19**

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 1,250.00**

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Maura Phelan*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the aed Maura Phelan this the 11<sup>th</sup> day of October, 2016, to certify which, witness my hand and seal of office.

*Erika A. Cota*

*Erika Cota*

*Notary*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |                                                                                    |              |
|-----|-------------------------------------|------------------------------------------------------------------------------------|--------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 10,537.50 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$0.00       |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$0.00       |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$0.00       |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$6384.93    |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$0.00       |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$0.00       |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$0.00       |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$307.39     |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$0.00       |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$0.00       |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$0.00       |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**  
A-1, page 1

The instruction Guide explains how to complete this form. **1** Total pages Schedule A1: 11

**2** FILER NAME  
Maura Phelan **3** Filer ID (Ethics Commission Filers)

|                                                                                               |                                                                                                               |                                                   |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>4</b> Date<br>7/4/2016                                                                     | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Allison E. Thrash | <b>7</b> Amount of contribution (\$)<br>\$ 100.00 |
| <b>6</b> Contributor address; City; State; Zip Code<br>15100 FM 2769; Volente; TX; 78641-9139 |                                                                                                               |                                                   |

**8** Principal occupation / Job title (See Instructions) **9** Employer (See Instructions)

|                                                                                                    |                                                                                                  |                                            |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date<br>7/13/2016                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>John D. Byram | Amount of contribution (\$)<br>\$ 1,000.00 |
| Contributor address; City; State; Zip Code<br>510 South Congress; Suite 400; Austin, TX 78704-1740 |                                                                                                  |                                            |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|                                                                                         |                                                                                                        |                                          |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------|
| Date<br>7/7/2016                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sharon S. Bramblett | Amount of contribution (\$)<br>\$ 100.00 |
| Contributor address; City; State; Zip Code<br>7313 Burlison-Manor Rd; Manor; TX; 78653- |                                                                                                        |                                          |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|                                                                                                  |                                                                                                  |                                         |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date<br>7/8/2016                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mary DelHomme | Amount of contribution (\$)<br>\$ 50.00 |
| Contributor address; City; State; Zip Code<br>3350 McCue Road; Apt. 902; Houston; TX; 77056-7122 |                                                                                                  |                                         |

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

A-1, page 2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Maura Phelan

3 Filer ID (Ethics Commission Filers)

4 Date

7/24/2016

5 Full name of contributor

Sally Cacheris

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City: State: Zip Code

8343 Queen Elizabeth Blvd., Annandale, VA 22003

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Date

7/25/2016

Full name of contributor

Rosemary Edwards

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City: State: Zip Code

8528 Heron Dr. Austin; TX 78759

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/25/2016

Full name of contributor

Annaliesa Perez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/2016

Full name of contributor

M. Gay

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

A-1, page 3

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME  
Maura Phelan

3 Filer ID (Ethics Commission Filer)

4 Date  
7/25/2016

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

7 Amount of contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code  
514 Clermont St.; Dallas; TX 75223-1208

8 Principal occupation / Job title (See instructions)  
Homemaker

9 Employer (See instructions)

Date  
7/25/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
T. J. Scott

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code  
Austin; TX

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
7/25/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Matthew McCall

Amount of contribution (\$) \$150.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
8/15/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cathleen Monforte

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
606 Princeton Drive; Pflugerville; TX 78660

Principal occupation / Job title (See instructions)  
Nurse

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.

| <b>MONETARY POLITICAL CONTRIBUTIONS</b>                                                                                                                               |                                                                                                                                                                                              | <b>SCHEDULE A1</b><br>A-1, page 4                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| The instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                                                                                              | 1 Total pages Schedule A1:<br><div style="text-align: right;">11</div> |
| 2 FILER NAME<br>Maura Phelan                                                                                                                                          |                                                                                                                                                                                              | 3 Filer ID (Ethics Commission Filers)                                  |
| 4 Date<br>8/15/2016                                                                                                                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Karen S. Brady<br>6 Contributor address; City; State; Zip Code<br>105 El Greco Drive; Brandon, FL 33511 | 7 Amount of contribution (\$)<br>\$25.00                               |
| 8 Principal occupation / Job title (See instructions)<br>Dog Breeder                                                                                                  |                                                                                                                                                                                              | 9 Employer (See instructions)<br>Self                                  |
| Date<br>8/15/2016                                                                                                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Marta Greytok<br>Contributor address; City; State; Zip Code<br>P.O. Box 30401; Austin; TX 78755           | Amount of contribution (\$)<br>\$100.00                                |
| Principal occupation / Job title (See instructions)                                                                                                                   |                                                                                                                                                                                              | Employer (See instructions)                                            |
| Date<br>8/15/2016                                                                                                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>John Greytok<br>Contributor address; City; State; Zip Code<br>P.O. Box 30401; Austin; TX 78755            | Amount of contribution (\$)<br>\$150.00                                |
| Principal occupation / Job title (See instructions)                                                                                                                   |                                                                                                                                                                                              | Employer (See instructions)                                            |
| Date<br>8/30/2016                                                                                                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Manuel Flores<br>Contributor address; City; State; Zip Code<br>2904 Navidad Cove; Austin; TX 78735        | Amount of contribution (\$)<br>\$1500.00                               |
| Principal occupation / Job title (See instructions)<br>Advertising                                                                                                    |                                                                                                                                                                                              | Employer (See instructions)                                            |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                                              |                                                                        |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**  
A-1, page 5

The instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 11

**2** FILER NAME  
Maura Phelan

**3** Filer ID (Ethics Commission Filers)

**4** Date  
8/18/2016

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
William Terry Bray

**7** Amount of contribution (\$) \$100.00

**6** Contributor address; City; State; Zip Code  
401 Congress Ave., Suite 2200; Austin; TX 78767

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
8/30/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Republican Party of Texas

Amount of contribution (\$) \$1500.00

Contributor address; City; State; Zip Code  
P.O. Box 2208; Austin; TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/30/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Austin Republican Women

Amount of contribution (\$) \$500.00

Contributor address; City; State; Zip Code  
6303 Southern Hills Place; Austin; TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/30/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tom Walsh Private Investigations LLC

Amount of contribution (\$) \$200.00

Contributor address; City; State; Zip Code  
10905 Rustic Manor Lane; Austin; TX 78750-1133

Principal occupation / Job title (See Instructions)  
Private Investigator

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.



| <b>MONETARY POLITICAL CONTRIBUTIONS</b>                                                                                                                                          |                                                                                                                                                                                                | <b>SCHEDULE A1</b>                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|                                                                                                                                                                                  |                                                                                                                                                                                                | A-1, page 6                              |
| The Instruction Guide explains how to complete this form.                                                                                                                        |                                                                                                                                                                                                | 1 Total pages Schedule A1: 11            |
| 2 FILER NAME<br>Maura Phelan                                                                                                                                                     |                                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br>9/8/2016                                                                                                                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>M. K. Hill<br>6 Contributor address; City; State; Zip Code<br>908 Cedar Glenn; Austin; TX 78745           | 7 Amount of contribution (\$)<br>\$50.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                            |                                                                                                                                                                                                | 9 Employer (See Instructions)            |
| Date<br>9/8/2016                                                                                                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sonny Rhodes, Jr.<br>Contributor address; City; State; Zip Code<br>6506 Mesa Drive; Austin; TX 78731        | Amount of contribution (\$)<br>\$100.00  |
| Principal occupation / Job title (See Instructions)<br>Retired                                                                                                                   |                                                                                                                                                                                                | Employer (See Instructions)              |
| Date<br>9/8/2016                                                                                                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bruce Bigelow<br>Contributor address; City; State; Zip Code<br>500 Terrace Mountain Drive; Austin; TX 78746 | Amount of contribution (\$)<br>\$100.00  |
| Principal occupation / Job title (See Instructions)<br>Retired                                                                                                                   |                                                                                                                                                                                                | Employer (See Instructions)              |
| Date<br>9/8/2016                                                                                                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>John M. Penn<br>Contributor address; City; State; Zip Code<br>12619 Fitzhugh Road; Austin; TX 78736-7518    | Amount of contribution (\$)<br>\$25.00   |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                                                                                                | Employer (See Instructions)              |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                                                                                                |                                          |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**  
A-1, page 7

|                                                                                                                                                                       |                                                                                                                                                                                                    |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| The instruction guide explains how to complete this form.                                                                                                             |                                                                                                                                                                                                    | 1 Total pages Schedule A1: 11             |
| 2 FILER NAME<br>Maura Phelan                                                                                                                                          |                                                                                                                                                                                                    | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>9/8/2016                                                                                                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sherry W. Workman<br>6 Contributor address; City; State; Zip Code<br>4415 R O Drive; Spicewood; TX 78689-6883 | 7 Amount of contribution (\$)<br>\$200.00 |
| 8 Principal occupation / Job title (See instructions)                                                                                                                 |                                                                                                                                                                                                    | 9 Employer (See instructions)             |
| Date<br>9/22/2016                                                                                                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Randall P. Birdwell<br>Contributor address; City; State; Zip Code<br>8462 Joyce Road; Bryan; TX 77808           | Amount of contribution (\$)<br>\$1000.00  |
| Principal occupation / Job title (See instructions)                                                                                                                   |                                                                                                                                                                                                    | Employer (See instructions)               |
| Date<br>9/27/2016                                                                                                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>John C. Barnes<br>Contributor address; City; State; Zip Code<br>110 Royal Oak Lane; Lakeway; TX 78734-4520      | Amount of contribution (\$)<br>\$100.00   |
| Principal occupation / Job title (See instructions)                                                                                                                   |                                                                                                                                                                                                    | Employer (See instructions)               |
| Date<br>9/27/2016                                                                                                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>J. Holcroft<br>Contributor address; City; State; Zip Code<br>315 Camino Arbolago; Austin; TX 78734              | Amount of contribution (\$)<br>\$75.00    |
| Principal occupation / Job title (See instructions)                                                                                                                   |                                                                                                                                                                                                    | Employer (See instructions)               |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                                                    |                                           |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

A-1, page 8

|                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| The instruction Guide explains how to complete this form.                                                                                                                                        |                                                                                                                                                                                                         | 1 Total pages Schedule A1:<br>11          |
| 2 FILER NAME<br>Maura Phelan                                                                                                                                                                     |                                                                                                                                                                                                         | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>9/27/2016                                                                                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>N.W. Austin Republican Women's Club<br>6 Contributor address; City; State; Zip Code<br>Austin; TX                  | 7 Amount of contribution (\$)<br>\$200.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                                            |                                                                                                                                                                                                         | 9 Employer (See Instructions)             |
| Date<br>9/27/2016                                                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cy-Fair Republican Women<br>Contributor address; City; State; Zip Code<br>11007 Wortham Blvd.; Houston; TX 77065     | Amount of contribution (\$)<br>\$500.00   |
| Principal occupation / Job title (See Instructions)                                                                                                                                              |                                                                                                                                                                                                         | Employer (See Instructions)               |
| Date<br>9/26/2016                                                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>James H. Busby<br>Contributor address; City; State; Zip Code<br>805 Van Buren; P.O. Box 810; Port O'Connor; TX 77982 | Amount of contribution (\$)<br>\$100.00   |
| Principal occupation / Job title (See Instructions)<br>Retired                                                                                                                                   |                                                                                                                                                                                                         | Employer (See Instructions)               |
| Date<br>7/10/2016<br>8/10/2016<br>9/10/2016                                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sandy Balch (paypal)<br>Contributor address; City; State; Zip Code                                                   | Amount of contribution (\$)<br>\$150.00   |
| Principal occupation / Job title (See Instructions)                                                                                                                                              |                                                                                                                                                                                                         | Employer (See Instructions)               |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 (If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.)</p> |                                                                                                                                                                                                         |                                           |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**  
A-1, page 9

|                                                                                                                                                                               |                                                                                                                                                                                                            |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                     |                                                                                                                                                                                                            | 1 Total pages Schedule A1:<br><b>11</b>          |
| 2 FILER NAME<br><b>Maura Phelan</b>                                                                                                                                           |                                                                                                                                                                                                            | 3 Filer ID (Ethics Commission Filer)             |
| 4 Date<br><b>7/15/2016</b>                                                                                                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lawrence Petru</b><br>6 Contributor address; City; State; Zip Code<br><b>12311 Francel Lane; Cypress; TX 77429</b> | 7 Amount of contribution (\$)<br><b>\$100.00</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                         |                                                                                                                                                                                                            | 9 Employer (See Instructions)                    |
| Date<br><b>7/28/2016</b>                                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Howard Falkenberg</b><br>Contributor address; City; State; Zip Code<br><b>P.O. Box 123; Austin; TX 78767</b>         | Amount of contribution (\$)<br><b>\$100.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                                           |                                                                                                                                                                                                            | Employer (See Instructions)                      |
| Date<br><b>7/30/2016</b>                                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rollin Granger</b><br>Contributor address; City; State; Zip Code<br><b>19811 Crosslyn Lane; Cypress; TX 77429</b>    | Amount of contribution (\$)<br><b>\$100.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                                           |                                                                                                                                                                                                            | Employer (See Instructions)                      |
| Date<br><b>8/25/2016</b>                                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Will Jones IV</b><br>Contributor address; City; State; Zip Code<br><b>1708 West Avenue; Austin; TX 78701</b>         | Amount of contribution (\$)<br><b>\$250.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                                           |                                                                                                                                                                                                            | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                                                                                                            |                                                  |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**  
A-1, page 10

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME  
Maura Pheelan

3 Filer ID (Ethics Commission Filers)

4 Date  
9/3/2016

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

7 Amount of contribution (\$)  
\$200.00

6 Contributor address; City; State; Zip Code  
6143 Yellow Rock Trail; Dallas; TX 75248

8 Principal occupation / Job title (See Instructions)  
Nurse

9 Employer (See Instructions)

Date  
9/5/2016

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

Amount of contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code  
6134 Rolling Water Drive; Houston; TX 77069

Principal occupation / Job title (See Instructions)  
Sales

Employer (See Instructions)

Date  
9/16/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Roger Borgelt

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
614 S. Capital of Texas Hwy; Austin; TX 78746

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)

Date  
9/16/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Matt Lawrence

Amount of contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
1205 Gemini Drive; Austin; TX 78758

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

A-1, page 11

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME  
Maura Phelan

3 Filer ID (Ethics Commission Filers)

4 Date  
9/25/2016

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

7 Amount of contribution (\$)  
\$100.00

6 Contributor address; City; State; Zip Code  
904 E. Sorrel Lane; Midland; TX 79705

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
9/29/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Thomas Roland

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
242 Investment Loop; Hutto; TX 78634

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
9/29/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Roy Hill

Amount of contribution (\$)  
\$12.50

Contributor address; City; State; Zip Code  
14916 Latern; Pflugerville; TX 78660

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  
Page 1 of 2

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                        |                                     |                                       |
|----------------------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>2</b> | 2 FILER NAME<br><b>Maura Phelan</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------------|-------------------------------------|---------------------------------------|

|                                     |                                                   |
|-------------------------------------|---------------------------------------------------|
| 4 Date<br><b>7/4/2016-9/29/2016</b> | 5 Payee name<br><b>Pay Pal (online donations)</b> |
|-------------------------------------|---------------------------------------------------|

|                                 |                                                                                                             |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|
| 6 Amount (\$)<br><b>\$61.41</b> | 7 Payee address; City; State; Zip Code<br><b>Pay Pal Corp HQ; 2211 North First St.; San Jose; CA; 95131</b> |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|

|                          |                                                                                 |                                                                                                                                                                                 |
|--------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Fees</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/19/2016 &amp; 8/31/2016</b> | Payee name<br><b>KAP Print</b> |
|------------------------------------------|--------------------------------|

|                                  |                                                                                                               |
|----------------------------------|---------------------------------------------------------------------------------------------------------------|
| Amount (\$)<br><b>\$2,938.52</b> | Payee address; City; State; Zip Code<br><b>3585 Las Vegas Blvd South; Suite 305; Las Vegas; NV 89109-8919</b> |
|----------------------------------|---------------------------------------------------------------------------------------------------------------|

|                        |                                                                                         |                                                                                                                                                                             |
|------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/18/2016 &amp; 9/12/2016</b> | Payee name<br><b>Holland Taucher Consulting Group</b> |
|------------------------------------------|-------------------------------------------------------|

|                                  |                                                                                       |
|----------------------------------|---------------------------------------------------------------------------------------|
| Amount (\$)<br><b>\$3,000.00</b> | Payee address; City; State; Zip Code<br><b>P.O. Box 684281; Austin, TX 78768-4281</b> |
|----------------------------------|---------------------------------------------------------------------------------------|

|                        |                                                                                           |                                                                                                                                                                             |
|------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Consulting Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**  
Page 2 of 2

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expenses          |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expenses        | 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.

|                                                                     |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |                                                                     |                               |               |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>2                              | <b>2</b> FILER NAME<br>Maura Phelan                                                                                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                           |                                                                     |                               |               |
| <b>4</b> Date<br>9/8/2016                                           | <b>5</b> Payee name<br>Manor Lions Club                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                     |                               |               |
| <b>6</b> Amount (\$)<br>\$300.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>429 W. Parsons Street; Manor, TX 78853                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                     |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                                                                                                                                                               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                     |                               |               |
|                                                                     | <table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> |                                                                                                                                                                                        | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                                                                                                                                                          | Office sought                                                                                                                                                                          | Office held                                                         |                               |               |
| Date<br>7/19/2016                                                   | Payee name<br>Diaspora Vote                                                                                                                                                                                                                                                                            |                                                                                                                                                                                        |                                                                     |                               |               |
| Amount (\$)<br>\$85.00                                              | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                   |                                                                                                                                                                                        |                                                                     |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                                                                                                                                                                          | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                                     |                               |               |
|                                                                     | <table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>          |                                                                                                                                                                                        | Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                                                                                                                                                          | Office sought                                                                                                                                                                          | Office held                                                         |                               |               |
| Date                                                                | Payee name                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        |                                                                     |                               |               |
| Amount (\$)                                                         | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                   |                                                                                                                                                                                        |                                                                     |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)                                                                                                                                                                                                                                           | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                                     |                               |               |
|                                                                     | <table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>          |                                                                                                                                                                                        | Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                                                                                                                                                          | Office sought                                                                                                                                                                          | Office held                                                         |                               |               |

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

Page 1 of 4

**EXPENDITURE CATEGORIES FOR BOX B(a)**

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

The instruction Guide explains how to complete this form.

|                           |                                     |                                       |
|---------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><b>Maura Phelan</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|-------------------------------------|---------------------------------------|

|                                     |                                         |
|-------------------------------------|-----------------------------------------|
| 4 Date<br><b>9/6 &amp; 9/7/2016</b> | 5 Payee name<br><b>Ramos Restaurant</b> |
|-------------------------------------|-----------------------------------------|

|                                                                                         |                                                                                            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 6 Amount (\$) <b>\$40.51</b><br><br>Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>116 E. Parsons Street, Manor, Texas 78659</b> |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                          |                                                                                                  |                                                                                                                                |
|--------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | (b) Description<br>Check if travel outside of Texas, Complete Schedule T.<br>Check if Austin, TX, officerholder living expense |
|--------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

|                                                       |                                                       |                                          |                           |
|-------------------------------------------------------|-------------------------------------------------------|------------------------------------------|---------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officerholder name<br><b>Maura Phelan</b> | Office sought<br><b>Travis County DA</b> | Office held<br><b>N/A</b> |
|-------------------------------------------------------|-------------------------------------------------------|------------------------------------------|---------------------------|

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Date<br><b>8/23 &amp; 8/31/2016</b> | Payee name<br><b>Plat Parking</b> |
|-------------------------------------|-----------------------------------|

|                                                      |                                                                                                  |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Amount (\$) <b>\$25.50</b><br><br>Reimbursement from | Payee address; City; State; Zip Code<br><b>221 W. 6<sup>th</sup> Street, Austin, Texas 78701</b> |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                        |                                                                                       |                                                                                                                                |
|------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Transportation</b> | (b) Description<br>Check if travel outside of Texas, Complete Schedule T.<br>Check if Austin, TX, officerholder living expense |
|------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                                |               |             |
|-----------------------------------------------------|--------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officerholder name | Office sought | Office held |
|-----------------------------------------------------|--------------------------------|---------------|-------------|

|                                       |                                              |
|---------------------------------------|----------------------------------------------|
| Date<br><b>9/1, 9/2 &amp; 10/6/16</b> | Payee name<br><b>Austin Republican Women</b> |
|---------------------------------------|----------------------------------------------|

|                                                      |                                      |
|------------------------------------------------------|--------------------------------------|
| Amount (\$) <b>\$98.00</b><br><br>Reimbursement from | Payee address; City; State; Zip Code |
|------------------------------------------------------|--------------------------------------|

|                        |                                                                                      |                                                                                                                                |
|------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | (b) Description<br>Check if travel outside of Texas, Complete Schedule T.<br>Check if Austin, TX, officerholder living expense |
|------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                                |               |             |
|-----------------------------------------------------|--------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officerholder name | Office sought | Office held |
|-----------------------------------------------------|--------------------------------|---------------|-------------|

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

*Page 2 of 4*

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                           |                                     |                                       |
|---------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><b>Maura Phelan</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|-------------------------------------|---------------------------------------|

|                            |                                            |
|----------------------------|--------------------------------------------|
| 4 Date<br><b>9/12/2016</b> | 5 Payee name<br><b>NW Republican Women</b> |
|----------------------------|--------------------------------------------|

|                                                                                                              |                                        |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 6 Amount (\$) <b>\$20.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|

|                          |                                                                                          |                                                                                                                                                                                 |
|--------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                       |                               |               |             |
|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

|                       |                                                |
|-----------------------|------------------------------------------------|
| Date<br><b>9/6/16</b> | Payee name<br><b>Republican Club of Austin</b> |
|-----------------------|------------------------------------------------|

|                                                                                                            |                                                                  |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Amount (\$) <b>\$50.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><br><b>Event Expense</b> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|

|                        |                                                              |                                                                                                                                                                                 |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

|                        |                                 |
|------------------------|---------------------------------|
| Date<br><b>8/17/16</b> | Payee name<br><b>Towne Park</b> |
|------------------------|---------------------------------|

|                                                                                                           |                                      |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|
| Amount (\$) <b>\$9.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|

|                        |                                                                                       |                                                                                                                                                                                 |
|------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Transportation</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

Page 3 of 4

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                           |                                     |                                       |
|---------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><b>Maura Phelan</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|-------------------------------------|---------------------------------------|

|                            |                                                    |
|----------------------------|----------------------------------------------------|
| 4 Date<br><b>9/19/2016</b> | 5 Payee name<br><b>Lake Travis Republican Club</b> |
|----------------------------|----------------------------------------------------|

|                                                                                         |                                        |
|-----------------------------------------------------------------------------------------|----------------------------------------|
| 6 Amount (\$) <b>\$15.00</b><br><br>Reimbursement from political contributions intended | 7 Payee address: City: State: Zip Code |
|-----------------------------------------------------------------------------------------|----------------------------------------|

|                          |                                                                                          |                                                                                                                               |
|--------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | (b) Description<br>Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |
|--------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

|                                                       |                               |               |             |
|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

|                        |                            |
|------------------------|----------------------------|
| Date<br><b>8/12/16</b> | Payee name<br><b>Chuys</b> |
|------------------------|----------------------------|

|                                                                                       |                                                                                            |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Amount (\$) <b>\$17.59</b><br><br>Reimbursement from political contributions intended | Payee address: City: State: Zip Code<br><b>4301 W. William Cannon, Austin, Texas 78749</b> |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                        |                                                                                              |                                                                                                                               |
|------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | (b) Description<br>Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |
|------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

|                        |                                  |
|------------------------|----------------------------------|
| Date<br><b>8/30/16</b> | Payee name<br><b>Shady Grove</b> |
|------------------------|----------------------------------|

|                                                                                       |                                                                                              |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Amount (\$) <b>\$20.75</b><br><br>Reimbursement from political contributions intended | Payee address: City: State: Zip Code<br><b>1624 Barton Springs Road, Austin, Texas 78704</b> |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                        |                                                                                              |                                                                                                                               |
|------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | (b) Description<br>Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |
|------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| 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 MADE FROM PERSONAL FUNDS

**SCHEDULE G**

Page 4 of 4

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expenses  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expenses  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                                  |                                                                                                         |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:                                                                                 | <b>2</b> FILER NAME<br><b>Maura Phelan</b>                                                              | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                             |
| <b>4</b> Date<br><b>8/26/2016</b>                                                                                | <b>5</b> Payee name<br><b>Big Daddy's</b>                                                               |                                                                                                                                                          |
| <b>6</b> Amount (\$)<br><b>\$11.04</b><br><br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address: City; State; Zip Code<br><b>Research Blvd. Austin, Texas</b>                    |                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | <b>(b)</b> Description<br><br><small>Check if travel outside of Texas. Complete Schedule T.<br/>Check if Austin, TX, officeholder living expense</small> |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                                     | Candidate / Officeholder name                                                                           | Office sought                      Office held                                                                                                           |
| <b>Date</b>                                                                                                      | <b>Payee name</b>                                                                                       |                                                                                                                                                          |
| <b>Amount (\$)</b><br><br><small>Reimbursement from political contributions intended</small>                     | <b>Payee address; City; State; Zip Code</b>                                                             |                                                                                                                                                          |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                    | <b>Category</b> (See Categories listed at the top of this schedule)                                     | <b>(b)</b> Description<br><br><small>Check if travel outside of Texas. Complete Schedule T.<br/>Check if Austin, TX, officeholder living expense</small> |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>                                                       | Candidate / Officeholder name                                                                           | Office sought                      Office held                                                                                                           |
| <b>Date</b>                                                                                                      | <b>Payee name</b>                                                                                       |                                                                                                                                                          |
| <b>Amount (\$)</b><br><br><small>Reimbursement from political contributions intended</small>                     | <b>Payee address; City; State; Zip Code</b>                                                             |                                                                                                                                                          |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                    | <b>Category</b> (See Categories listed at the top of this schedule)                                     | <b>(b)</b> Description<br><br><small>Check if travel outside of Texas. Complete Schedule T.<br/>Check if Austin, TX, officeholder living expense</small> |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>                                                       | Candidate / Officeholder name                                                                           | Office sought                      Office held                                                                                                           |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**