

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>		<b>8952</b>	<b>FORM C/OH COVER SHEET PG 1</b>		
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Files)		2 Total pages filed:  <b>10</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	Ms.	Maura	K.		
NICKNAME	LAST	SUFFIX	Date Received		
	Phelan				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	Two Park Place 4009 Banister Lane, Suite 420, Austin, TX 78704				
<input type="checkbox"/> Change of Address					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION		
	( 512 )	472-2300			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI	Receipt #	
	Ms.	Kathleen	F.		
NICKNAME	LAST	SUFFIX	Amount \$		
	Bay				
Date Processed					
Date Imaged					
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	Two Park Place 4009 Banister Lane, Suite 420, Austin, TX 78704				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION		
	( 512 )	472-2300			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach COH - FR)				
<b>10 PERIOD COVERED</b>	Month    Day    Year			Month    Day    Year	
	9 / 30 / 2016			THROUGH 10 / 31 / 2016	
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE	
	Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		<input type="checkbox"/> Special	
	11 / 8 / 2016		<input checked="" type="checkbox"/> General		
<b>12 OFFICE</b>	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	N/A		Travis County District Attorney		
<b>GO TO PAGE 2</b>					

# 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)

\$ 57,715.66

EXPENDITURE  
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 28,936.53

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 12,950.97

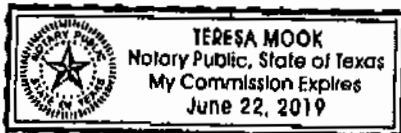
OUTSTANDING  
LOAN TOTALS

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

\$ 1,250.00

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maura Phelan this the 31<sup>st</sup> day of October, 20 16, to certify which, witness my hand and seal of office.

*Teresa Mook*  
Signature of officer administering oath

Teresa Mook  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,470.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 16,028.22
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

Page 1

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A1: 4

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

**4** Date: 10/10/2016 **5** Full name of contributor: Mrs. Frank A. Newsom  out-of-state PAC (ID#: \_\_\_\_\_) **7** Amount of contribution (\$): \$100.00  
**6** Contributor address; City; State; Zip Code: 1201 Westlake Dr., Austin, TX 78746-4515

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

Date: 10/11/2016 Full name of contributor: James B. Skaggs  out-of-state PAC (ID#: \_\_\_\_\_) Amount of contribution (\$): \$1,000.00  
Contributor address; City; State; Zip Code: 4700 Toreador Drive, Austin, TX 78748

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

Date: 10/17/2016 Full name of contributor: Mark S. Newton  out-of-state PAC (ID#: \_\_\_\_\_) Amount of contribution (\$): \$1,000.00  
Contributor address; City; State; Zip Code: 3601 South Congress, Suite B400 B, Austin, TX 78704

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

Date: 10/20/2016 Full name of contributor: Bradley C. Meltzer  out-of-state PAC (ID#: \_\_\_\_\_) Amount of contribution (\$): \$100.00  
Contributor address; City; State; Zip Code: 11116 Schmidt Ln, Manor, TX 78653-3597

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.

<b>MONETARY POLITICAL CONTRIBUTIONS</b>		<b>SCHEDULE A1</b> A-1, page 2
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Maura Phelan		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonny Rhodes, Jr.  6 Contributor address; City; State; Zip Code 6506 Mesa Drive, Austin, TX 78731	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Schoonover  Contributor address; City; State; Zip Code 500 N. Capital of Texas Hwy. Austin, TX 78746 Bldg. 4-200	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madelyn Sanders Uresti  Contributor address; City; State; Zip Code 2102 Hazeltine Lane, Austin, TX 78747-1205	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annag Rose Chandler  Contributor address; City; State; Zip Code 4211 Long Champ Drive, Austin, TX 78746	Amount of contribution (\$) \$2,500.00
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>		

<b>MONETARY POLITICAL CONTRIBUTIONS</b>		<b>SCHEDULE A1</b> A-1, page 3
The instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: 4
<b>2</b> FILER NAME Maura Phelan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/16/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheri Radomsky <b>6</b> Contributor address; City; State; Zip Code Unknown	<b>7</b> Amount of contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Balch Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/7/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Klaiss Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake Travis Republican PAC Contributor address; City; State; Zip Code 13701 A Filzhugh Rd, Austin, TX 78736	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

A-1, page 4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Maura Phelan		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James E. Bushnell	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5104 Port Marnock Court, Austin, TX 78747		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME Maura Phelan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/30/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald T. Daugherty	8 Amount of Contribution \$ \$1,200.00	9 In-kind contribution description Campaign Signs
7 Contributor address; City; State; Zip Code 1403 Club Ridge Cove, Austin, TX 78745-1624		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) County Commissioner, Pct. 3		11 Employer (FOR NON-JUDICIAL) (See Instructions) Travis County	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 9/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hank Burbridge	Amount of Contribution \$ \$300.00	In-kind contribution description Campaign Signs
Contributor address; City; State; Zip Code 5214 Burleson Rd, Ste. 601/602, Austin 78744		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Printer		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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>			



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Celebratory/Awards/Memorials Expenses	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.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Maura Phelan		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/18/2016		<b>5</b> Payee name KAP Print			
<b>6</b> Amount (\$) \$10,825.00		<b>7</b> Payee address; City; State; Zip Code 3565 Las Vegas Blvd S, Ste 305, Las Vegas, NV 89109-8919			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/18/2016		Payee name KAP Print			
Amount (\$) \$284.97		Payee address; City; State; Zip Code 3565 Las Vegas Blvd S, Ste 305, Las Vegas, NV 89109-8919			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	
Date 9/30/2016-10/31/2016		Payee name Pay Pal			
Amount (\$) \$4.38		Payee address; City; State; Zip Code Pay Pal Corp HQ, 2211 North First St., San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(e)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Maura Phelan	3 Filer ID (Ethics Commission Filers)
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4 Date 10/31/2016	5 Payee name KAP
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6 Amount (\$) \$4,910.22	7 Payee address; City; State; Zip Code 3565 Las Vegas Blvd S, Ste 305, Las Vegas, NV 89109-8919
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8 PURPOSE OF EXPENDITURE	(e) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/2016	Payee name Square Register
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Amount (\$) \$3.65	Payee address; City; State; Zip Code www.squareup.com
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*The Maura Phelan Campaign  
Maura Phelan for District Attorney - Travis County  
4009 Banister Lane  
Two Park Place, Suite 420  
Austin, TX 78704  
~~(512) 472-2300, Tel.~~  
~~(512) 472-2303, Fax.~~*

**FAX NUMBER: (512) 854-9075**

**FROM: Kathleen Ford Bay, Treasurer**

**PLEASE IMMEDIATELY DELIVER THE FOLLOWING PAGE(S) TO:**

**Elections Division of Travis County Clerk's Office**

**BRIEF DESCRIPTION OF DOCUMENTS:**

**Candidate/Officeholder Campaign Finance Report due October 31, 2016 for Maura Phelan. Please file. Original has been placed in mail today as well.**

**TOTAL NUMBER OF PAGES, INCLUDING THE COVER PAGE: 11**

**IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (512) 472-2300**