

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. JOE Philipp

OFFICE USE ONLY

Date Received

RECEIVED
JAN 04 2012
City Secretary's Office

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

change of address

3713 GARDENWAY CT
IRVING TX 75062

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

1/4/12 4:45 pm

Rec'd 1/5/12 by DJ

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 650-0808

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Dan NEIMEIER

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

207 Steeple Chase Dr Irving TX 75062

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 887 9929

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

07 / 01 / 2011 THROUGH 12 / 31 / 2011

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

05 / 09 / 09

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place 8

City Council Place 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Joseph Philipp **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3276 ²⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2484 ²²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

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.

Joseph Philipp
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Philipp, this the 4th day of January, 20 12, to certify which, witness my hand and seal of office.

J. Phillips
Signature of officer administering oath

Jennifer Phillips
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: - 2 -	2 FILER NAME JOE PHILIPP	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/29 2011	5 Payee name Marilyn Federal Express
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6 Amount (\$) 21 ⁴³	7 Payee address, City, State, Zip Code Irving TEXAS
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Mailing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Mailing
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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 7/14 2011	Payee name Harland Cheley
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Amount (\$) 13 ⁹⁸	Payee address, City, State, Zip Code BBVA Cheley Account
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Cost of Checks - Other	Description (If travel outside of Texas, complete Schedule T) Cheley fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name -	Office sought -	Office held
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Date 8/27 2011	Payee name US PANAMA BUS LOCAL - DEER -
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Amount (\$) 450 ⁰⁰	Payee address, City, State, Zip Code Panama City PANAMA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel of District	Description (If travel outside of Texas, complete Schedule T) Cost of local Panama City Mtg
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/12 2011	Payee name America Airlines
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Amount (\$) 907 ⁶⁰	Payee address, City, State, Zip Code Fort Worth TEXAS USA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel of District	Description (If travel outside of Texas, complete Schedule T) Annual Economic Development
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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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: - 2 -	2 FILER NAME JOE PHUUP	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/10 2011	5 Payee name Hotel Riu Plaza
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6 Amount (\$) 833 ⁴⁰	7 Payee address; City; State; Zip Code Panama City Panama
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel outside of District	(b) Description (If travel outside of Texas, complete Schedule T) Hotel Expense - hodge
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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 4/10 2011	Payee name Amenum Amhuus
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Amount (\$) 40 ⁸⁸	Payee address; City; State; Zip Code Font Water Tx
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Bev Exp.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24 2011	Payee name Tx E-Cashmere
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Amount (\$) 1000-	Payee address; City; State; Zip Code Austin TX 12070
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Expense Assen	Description (If travel outside of Texas, complete Schedule T) Payment - Election Cam
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-12/2011	Payee name BBVA - Hankard Chequing - Cuyones Bank
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Amount (\$) 9 ⁰⁰	Payee address; City; State; Zip Code Irving TX 75062
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Printing Expense	Description (If travel outside of Texas, complete Schedule T) Chequing Acct
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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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Joseph Philipp</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee —		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input checked="" type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel <i>6 Sept - 10 Sept 2011</i>	7 Name of person(s) traveling <i>Joseph Philipp</i>	
	8 Departure city or name of departure location <i>Dallas Fort Worth Airport</i>	
	9 Destination city or name of destination location <i>Panama City Panama</i>	
10 Means of transportation <i>Air</i>	11 Purpose of travel (including name of conference, seminar, or other event) <i>Council - Business Development Expense</i>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee —		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input checked="" type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel <i>6 Sept - 10 Sept 2011</i>	Name of person(s) traveling <i>Joseph Philipp</i>	
	Departure city or name of departure location <i>Dallas Fort Worth Airport</i>	
	Destination city or name of destination location <i>Panama City</i>	
Means of transportation <i>Hotel</i>	Purpose of travel (including name of conference, seminar, or other event) <i>Council Business Development Expense</i>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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