

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								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr</i> NICKNAME: _____ FIRST: <i>Joe</i> LAST: <i>Phillips</i> MI: _____ SUFFIX: _____	<div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; color: blue; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 5px 0;">JUL 05 2012</p> <p style="color: blue; font-weight: bold; margin: 0;">City Secretary's Office</p> </div> <p style="font-size: 12px; margin-top: 5px;">Date Received: _____</p> <p style="font-size: 12px; margin-top: 5px;">Date Hand-delivered or Postmarked: <i>HD 7/5/12 KH 7:57am</i></p> <table style="width: 100%; font-size: 10px; margin-top: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p style="font-size: 12px; margin-top: 5px;">Date Processed: <i>Done by [signature] 7/5/12</i></p> <p style="font-size: 12px; margin-top: 5px;">Date Imaged: _____</p>		Receipt #	Amount						
Receipt #	Amount										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <i>3713 Bryanpark Ct Irving TX 75062</i>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(972)</i> PHONE NUMBER: <i>650-0808</i> EXTENSION: _____										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr</i> NICKNAME: _____ FIRST: <i>Don</i> LAST: <i>Neimeier</i> MI: _____ SUFFIX: _____										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <i>207 Staplehurst Dr Irving TX 75062</i>										
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(972)</i> PHONE NUMBER: <i>887</i> EXTENSION: <i>9929</i>										
9 REPORT TYPE	<table style="width: 100%; font-size: 10px;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 01 / 2012 06 / 30 / 2012</i>										
11 ELECTION	<table style="width: 100%; font-size: 10px;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year <i>05 / 09 / 09</i> </td> <td style="width: 70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <i>05 / 09 / 09</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	OFFICE HELD (if any) <i>Cannahan Place 8</i>	13 OFFICE SOUGHT (if known) <i>Cannalmer Place 8</i>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

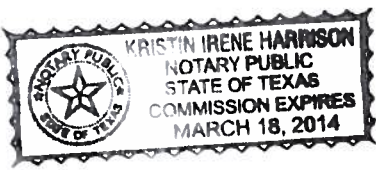
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>Joseph Philipp</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <div style="font-size: 2em; text-align: center;">N/A</div>
		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	\$ 350. ⁵⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2133. ⁶⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

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.

Joseph Philipp

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joseph Philipp, this the 5 day of July, 20 12, to certify which, witness my hand and seal of office.

Kristin Irene Harrison

Signature of officer administering oath

Kristin Irene Harrison

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: <i>Next page blank</i>		2 FILER NAME <i>Bob Pulepp</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>March 18 2012</i>		5 Payee name <i>BDVA Bank</i>			
6 Amount (\$) <i>18.00</i>		7 Payee address; City; State; Zip Code <i>Irving TX Clemon Drive 75062</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Bank Charges</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>1/26 2/27 3/26 4/26 5/29 6/26</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>April 4 2012</i>		Payee name <i>USPS</i>			
Amount (\$) <i>2.88⁰⁰</i>		Payee address; City; State; Zip Code <i>hps Colony Station Irving TX 75038</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Postage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>May 07 2012</i>		Payee name <i>USPS</i>			
Amount (\$) <i>44⁵⁵</i>		Payee address; City; State; Zip Code <i>hps Colony Station Irving TX 75038</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Postage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED