

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Casey	MI D.	
	NICKNAME	LAST Phelan	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE	
<input type="checkbox"/> Change of Address	4914 Falling oak ct.		Pasadena TX 77505	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	397-2085		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jennifer	MI D.	
	NICKNAME	LAST Phelan	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	4914 Falling oak ct. Pasadena TX 77505			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	397-2085		
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	
	4	1	21	
	THROUGH		Month Day Year	
			4 23 21	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
	5	01	21	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		School Board Trustee Pos. #4		
14 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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
			COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

PASADENA ISD

APR 23 2021

ACCOUNTABILITY & COMPLIANCE

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,350 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,984 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,984 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

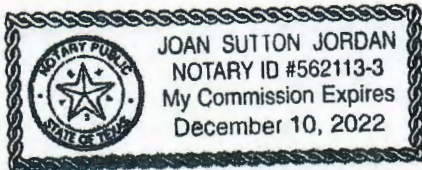
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Casey D Phelan

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Casey D. Phelan this the 23rd day of April, 2021
 20 21, to certify which, witness my hand and seal of office.

[Signature] Joan Jordan Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Casey D Phelan</i>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,984⁰⁰</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>- 0 -</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>- 0 -</i>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>- 0 -</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>- 0 -</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>- 0 -</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>- 0 -</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>- 0 -</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Casey D Phelan		3 Filer ID (Ethics Commission Filers)
4 Date 4-13-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Brown	7 Amount of contribution (\$) \$1,000⁰⁰
6 Contributor address; City; State; Zip Code 902 Quaker Bend Dr. Friendswood TX 77546		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Phelps	Amount of contribution (\$) \$1,250⁰⁰
Contributor address; City; State; Zip Code 4207 Fairmont Pkwy Pasadena TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Phelps	Amount of contribution (\$) \$1,250⁰⁰
Contributor address; City; State; Zip Code 5115 Turnberry Ct Pasadena TX 77505		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Montemayor	Amount of contribution (\$) \$1,250⁰⁰
Contributor address; City; State; Zip Code 208 E. Viejo Dr. Friendswood TX 77546		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 3
2 FILER NAME Casey D Phelan		3 Filer ID (Ethics Commission Filers)
4 Date 4-13-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Leo Gillies	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address: City: State Zip Code 4018 Peach Country Ct. Houston TX 77059		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ George Watanabe	Amount of contribution (\$) \$200⁰⁰
Contributor address: City: State Zip Code 7606 Boykerwood Dr. Houston TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Wes Neal Jr.	Amount of contribution (\$) \$200⁰⁰
Contributor address: City: State Zip Code 406 Honduras Pasadena TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Bill and Vickie Morgan	Amount of contribution (\$) \$200⁰⁰
Contributor address: City: State Zip Code 3603 Camden Ln Pasadena TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4-13-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Rick Witte	7 Amount of contribution (\$) \$250.00
6 Contributor address: City: State Zip Code 609 Main St. Houston TX 77002		
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

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