



Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

## Campaign Finance Report



*Stan Stanart*

COUNTY CLERK  
HARRIS COUNTY, TEXAS

**FileNo:** 201721  
**Received By Clerk:** 1/12/2017  
**File Date:** 1/12/2017 11:53:07 AM  
**Office:** Constable Pct. 5  
**Candidate:** Camus, Philip  
**Treasurer:** Fleming, Michael  
**Category:** Contributions And Expenditures  
**Delivered By:** Courier  
**Type:** COR

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

201721

|  |   |                                       |                      |
|--|---|---------------------------------------|----------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST                                 | MI                   |
|  | NICKNAME  | LAST                                  | SUFFIX               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |                                       |                      |
|  | 5 CANDIDATE / OFFICEHOLDER PHONE<br>AREA CODE PHONE NUMBER EXTENSION  |                                       |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST                                 | MI                   |
|  | NICKNAME  | LAST                                  | SUFFIX               |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |                                       |                      |
|  | 8 CAMPAIGN TREASURER PHONE<br>AREA CODE PHONE NUMBER EXTENSION  |                                       |                      |
| 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)<br><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) |                                       |                      |
| 10 PERIOD COVERED  | Month Day Year    Month Day Year<br>7 / 01 / 2016    THROUGH    12 / 31 / 2016  |                                       |                      |
| 11 ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |                                       |                      |
| 12 OFFICE  | 13 OFFICE SOUGHT (if known)   |                                       |                      |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

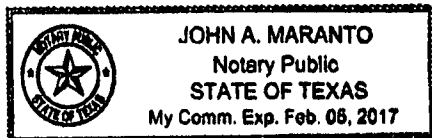
FORM C/OH  
COVER SHEET PG 2

201721

|   |   |  |
|---|---|--|
| 14 C/OH NAME<br><b>Phillip Camus</b>      |   | 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                         |
|   | <input type="checkbox"/> GENERAL  |  |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE ADDRESS                      |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME      |
| <input type="checkbox"/> Additional Pages |   | 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   | \$ 0.00                                |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00                                |
| EXPENDITURE TOTALS                        | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0.00                                |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1259.09                             |
| CONTRIBUTION BALANCE                      | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 4650.04                             |
| 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.



x **Phillip Camus**

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **PHIL CAMUS**, this the **12** day of **JANUARY**, 20 **17**, to certify which, witness my hand and seal of office.

**John A. Maranto**  
Signature of officer administering oath

**JOHN A. MARANTO**  
Printed name of officer administering oath

**NOTARY PUBLIC**  
Title of officer administering oath

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

|  |   |   |
|--|---|---|
| <b>19</b> FILER NAME                             |   | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                            |
| 1.   | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 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   | \$ 1259.09                                    |
| 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 | \$  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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  
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 F1:                            |  | 2 FILER NAME<br>Phillip Camus   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>12-1-2016                                   |  | 5 Payee name<br>Margaret Sheeley  |  |   |  |
| 6 Amount (\$)<br>\$254.42                             |  | 7 Payee address; City; State; Zip Code<br>3525 Sage Houston, Tx. 77056  |  |   |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>            |  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense<br>Christmas cards                                       |  | (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>11-15-2016                                    |  | Payee name<br>Arnold Hinojosa   |  |   |  |
| Amount (\$)<br>\$584.67                               |  | Payee address; City; State; Zip Code<br>1950 Eldridge Parkway, #4306<br>Houston, TX 77095   |  |   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                 |  | Category (See Categories listed at the top of this schedule)<br>Event Expense<br>reimbursement: Kroger-<br>31.40, 15.99 - Sam's 101.28, 44.04 |  | 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>12-21-16                                      |  | Payee name<br>Shawn Graham  |  |   |  |
| Amount (\$)<br>\$420.00                               |  | Payee address; City; State; Zip Code<br>22611 Acacia Dr.<br>Magnolia, TX 77355  |  |   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                 |  | Category (See Categories listed at the top of this schedule)<br>Gifts<br>reimbursement for gifts<br>for clerks (Target)                       |  | 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   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED