

City of Houston

900 Bagby

Houston, Texas 77002

(713) 247-1840



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

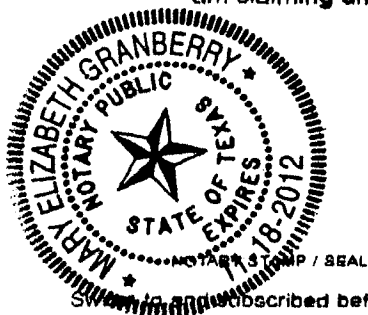
A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

Full Name <u>Bob Schoellkopf</u>	Account #
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OFFICE USE ONLY	
Date Received	
Date Handled/Forwarded or Documented	RECEIVED JUL 16 2009 CITY SECRETARY
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign Finance Report report due on 7-15-09. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Bob Schoellkopf
Signature of Candidate or Officeholder



Subscribed before me by Bob Schoellkopf this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

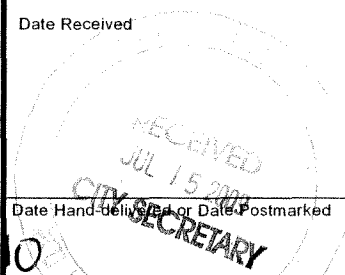
<u>Mary E. Granberry</u> Signature of officer administering oath	<u>Mary E. Granberry</u> Print name of officer administering oath	<u>Notary</u> Title of officer administering oath
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FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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: 2
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Bob NICKNAME LAST SUFFIX Schoellkopf	OFFICE USE ONLY  Date Received Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6926 W. Little York Rd Houston Tx 77040-4810	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 466-6199	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Patricia NICKNAME LAST SUFFIX Schoellkopf	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6926 W. Little York Rd Houston Tx 77040-4810	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 466-6199	
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 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 THROUGH Month Day Year 01 / 01 / 09 06 / 30 / 09	
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council Member District A
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME

Bob Schoellkopf

16 ACCOUNT # (Ethics Commission Filers)

17 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 checked="" type="checkbox"/> GENERAL	NW Crossing Area Democrats
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	6926 W. Little York Rd Houston Tex 77040-4810
	COMMITTEE CAMPAIGN TREASURER NAME
	Patricia Schoellkopf
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	6926 W. Little York Rd Houston, TX 77040-4810

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 30.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 739.21

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 133.83

4. TOTAL POLITICAL EXPENDITURES \$ 381.59

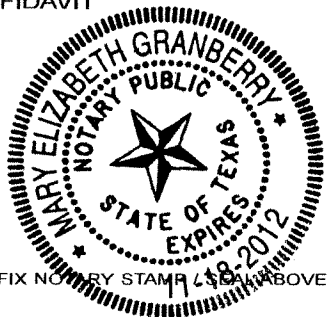
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 357.62

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0-

19 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.

Bob Schoellkopf
Robert M. Schoellkopf
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bob Schoellkopf, this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

Mary E Granberry Signature of officer administering oath
Mary E Granberry Printed name of officer administering oath
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Bob Schoellkopf		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-18-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1190-RR11 Weimar, TX 78962		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 4-26-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob + Joan Connor	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON Texas 77088		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) owns Paralegal Service		Employer (See Instructions) R J Connor, Inc.	
Date 2-25-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: N.W. Crossing Area Democrats	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] TX 77040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-23-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fundraiser held by candidate Profit	Amount of contribution (\$) 89.21	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-23-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ed Sparks	Amount of contribution (\$) \$120⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) mechanic Centerpoint Energy Supervisor		Employer (See Instructions) Centerpoint Energy	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: center; font-size: 24px;">2</div>	
2 FILER NAME <div style="font-size: 24px; text-align: center;">Bob Schoellkopf</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 24px;">6-11-09</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 24px;">Ivan + wife Georgiam Schulin, Jr</div>	7 Amount of contribution (\$) <div style="font-size: 24px; text-align: center;">200⁰⁰</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="text-align: center; font-size: 24px;">Houston Tex. 77092</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="font-size: 24px;">retired</div>		10 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 (\$)	In-kind contribution description (if applicable)
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 (\$)	In-kind contribution description (if applicable)
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 (\$)	In-kind contribution description (if applicable)
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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Bob Schoellkopf

3 ACCOUNT # (Ethics Commission filers)

4 Date
3-25-09

5 Payee name
Campaign Secrets Builder Campaign Site

7 Amount (\$)

24.95

6 Payee address; City; State; Zip Code
1765 Ridgemill Terrace
Dracula Ga 30019

8 Purpose of payment (See instructions regarding type of information required.)

web site host

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date
4-24-09

Payee name
Campaign Secrets Builder Campaign Site

Amount (\$)

24.95

Payee address; City; State; Zip Code
1765 Ridgemill Terrace
Dracula, GA 30019

Purpose of payment (See instructions regarding type of information required.)

web site host

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date
5-26-09

Payee name
Campaign Secrets Builder Campaign Site

Amount (\$)

24.95

Payee address; City; State; Zip Code
1765 Ridgemill Terrace
Dracula, GA 30019

Purpose of payment (See instructions regarding type of information required.)

web site host

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Bob Schoellkopf		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-29-09	5 Payee name America's Star Copier 6 Payee address; City; State; Zip Code 1701 Durham Dr. Houston, TX. 77007	7 Amount (\$) \$21.65
8 Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5-19-09	Payee name America's Star Copier Payee address; City; State; Zip Code 1701 Durham Dr Houston, TX. 77007	Amount (\$) \$21.65
Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 6-4-09	Payee name America's Star Copier Payee address; City; State; Zip Code 1701 Durham Dr Houston, Tx. 77007	Amount (\$) \$43.30
Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5-12-09	Payee name Wes Tex Printing Payee address; City; State; Zip Code 2909 Stephen F Austin Rd Brownwood, Tx. 76804-1509	Amount (\$) \$86.31
Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED