JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mrs Vickie NICKNAME LAST	MI 	OFFICE USE ONLY Date Received
	Phillips		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY	STATE; ZIP CODE	Date Hand-délitered or Postmarked
change of address	_	Management of the Control of the Con	Reteal # CO Amount
5 CANDIDATE/ OFFICEHOLDER PHONE		EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Mary. NICKNAME LAST LAST LAST S	L MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	ADEA CODE DUONE NI IMRER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
	July 15 8th day before election	limit	
10 PERIOD COVERED	Month Day Year THROUGH	06/38	/9014
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	•
		Justic	e of The
GO TO PAGE 2			

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

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME 15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL	FROM CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	APT 4
	GENERAL SPECIFIC	COMMITTEE ADDRESS W/A	TARRA STEELING
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURED ADDRESS	STRANGE OF STRANGE
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2800,
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1569.19
CONTRIBUTION BALANCE	OF THE	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$2,045,
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	
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.			
RANDON MOORE Notary Public, State of Texas My Commission Expires September 16, 2017 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said <u>Vickie</u> Philips, this the 14 ¹⁶ day of <u>July</u> , 20 14, to certify which, witness my hand and seal of office.			
Signature of officer adr	Manual Ma	Print name of officer administering oath Titl	Notary e of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUD	ICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete th	is form. 1 Total pages Schedule A(J):		
Mrs Vickie L. Philli	3 ACCOUNT # (Ethics Commission Filers)		
Date 5 Full name of contributor Dout-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)		
9 Contributor's principal occupation	10 Contributor's jpb title		
<u> </u>	Refired " " "		
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)	50 D T		
Date Full name of contributor Dout-of-state PAC (ID#	Amount of contribution (\$) description(if applicable)		
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)		
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution description(if applicable)		
Azle TK 76020	(If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A(J)/
Mrs Vickie L. Phillips		3 ACCOUNT # (Ethics Commission Filers)		
2/10/14	5 Full name of contributor Out-of-state PAC (10#	33	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's p	rincipal occuration	10 Contributor's job		
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	7014 2014
13 If contributor is	a child, law firm of parent(s) (if any)			
2/12/14	Full name of contributor out-of-state PAC (ID#	3. 16121	Amount of contribution (\$)	fin-kind contribution description(if applicable)
Contributor's principal occupation Contributor's job title Contributor's job title Contributor's job title				
Contributor's employer/law firm Law firm of contributor's spouse (if any)				
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorlout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation Contri		Contributor's job t	title	
Contributor's employer/law firm		Law firm of contrib	outor's spouse (if any	′)
If contributor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		
Accounting/Banking	Legal Services Solicitation/Fundra		
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dis	trict Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/I	The state of the s	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME /	3 ACCOUNT # (Ethics Commission Filers)	
193	Mrs Vickie L. Phillip	25	
4 Date	5 Bayee name		
1/9/14	Godaddy. Com		
6 Amount (\$)	7 Payee address; City; State; Zip Code	0/# 1/0	
\$ 4.99	144455 10 Hayden	Rd # 219	
	Sa the data to the	^	
	Scottsdele, AZ 8526	,0	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advaction From	1 2016-10	
	Vtavertising Expense	WENSITE	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	OH	FC T	
Date / / /	Payee name . ,	55 = 3	
2/10/11	Go daddy Com		
27/19/17	Go chaug con		
Amount (\$)	Payee address; City; State; Zip Code	1# 00 EB 0E 1	
(BQ 99	Payee address; City: State; Zip Code 144455 D. Dayden K	14"219 = = = 1	
7, "	7,700,00,400,000	/ 3	
<u> </u>	Scottsdale AZ 852	60	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	11.1.1	19-1-19	
EXPENDITURE	Itourisms Expense	Website	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office Holder name	Office sought Office held	
Date /	Payee name		
2415114	HIDERTSON		
Amount (\$)	Payee address; City; State; Zip Code		
15			
37.63	480 Northwest PKWY		
	Azle TX 76020		
D. IDDOCE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Category (see categories listed at the top of this schedule)	— / 1 /	
EXPENDITURE	Fuent Expense	Hodd + ('Lup 5	
Complete ONLY if dispet	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date / /	Payee name		
2/15/14	Eine I D I I I I I		
9/13/19	FIRST Baptist HZ	2	
Amount (\$f)	Payee address; Cfty; State; Zip Code		
\$100 00	1017 150yd KC		
/00,00	Azle 70 76020		
	THE IN 10000		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	food for Phone Bankworkers	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
	ALIAGIADDITIONAL COFIES OF TRICK		

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Consulting Expense Event Expense Fees Polling Expense Printing Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Office Overhead/Rental Expense OTHER (enter a category not listed The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME A Date Date Travel In District Contributions/Donations Made By Candidate/Officeholder/Political OTHER (enter a category not listed Contributions/Donations Made By Candidate/Officeholder/Political OTHER (enter a category not listed The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Comm A Date A Date Travel In District Contributions/Donations Made By Candidate/Officeholder/Political OTHER (enter a category not listed The Instruction Guide explains how to complete this form.	l above)
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 2 7 3 ACCOUNT # (Ethics Comm 4 Date 2 14 Date 2 Player name 3 ACCOUNT # (Ethics Comm 4 Date 5 Payer name	
1 Total pages Schedule F: 2 FILER NAME 273 Wrs Vickie L. Phillips 3 ACCOUNT # (Ethics Comm 273 Payer name 2/22/14 Datkins Printing	ission Filers)
293 Mrs Vickie L. Phillips 4 Date 2/22/14 Datkins Printing	lission Filers)
2/22/14 Watkins Printing	
6 Amount (\$) 7 Pavee address: City State: 7in Code	
# 346.48 P.O. BOX 1442 Halton City TX 76/17	
8 PURPOSE (a) Category (See categories listed at the top of this schedule) OF (b) Description (If travel outside of Texas, complete Schedule)	water 3
EXPENDITURE Havertising Expense Road Signs	3
9 Complete ONLY if direct candidate / Officeholder name Office sought Office he expenditure to benefit C/OH	Id.
Date /3/14 Payee name St aples	
Amount (\$) 198.19 6313 Lake Worth Blud. Lake Worth TP 76/35	3
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule)	le T)
EXPENDITURE Advertising Expense Dand Outs	
Complete ONLY if direct Candidate / Officeholder name Office sought Office he expenditure to benefit C/OH	ld
Date 3/3/14 Race Trac	
Amount (\$)/ Bayee address; City; State; Zip Code Amount (\$)/ Blud. FL. Worth 1076135	
PURPOSE Category (See categories listed at the top of this schedule) Description (If trayel outside of Texas, complete Schedy	le T)
EXPENDITURE Transportation Equipment + Flore Boad Signs	-
Complete ONLY if direct Candidate / Officeholder name Office sought Office he expenditure to benefit C/OH	ld
Date 3/6/14 Race Trac	
Amount (\$) Payee address; City; State; Zip Code 42.00 6300 Lake Worth Blud. Ff. Worth TX 76/35	·
PURPOSE OF Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule)	іе Т)
PURPOSE OF Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Trave! In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date Zip Code (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Candidate / Officeholder Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Payee address; City; State; Zip Code Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE \bigcirc OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By 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 G:	Mrs licke L1	0/://:p5 3 ACCOUNT # (Ethics Commission Filers)	
4 Date /// //	Texas Conservatives Unit PAC.		
6 Amount (\$) 99	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	www. Candidatefair. Con	7	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Event Expense	Booth ree	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		R. E. 2	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		1	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	Mrs Vickie L. Phill	3 ACCOUNT # (Ethics Commission Filers)
4 Date /2/14	BBVA Compass	
\$ Amount (\$) 10.95	7 Payee address; City; State; Zip Code P.O. BOX 10566 Birmingham AL 352	196
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.) Service Charse
2/3/14	BBVA Compass	
#Amount (\$) #10. 95	Payee address; City, State; Zip Code P.D. BOK 10566 Birmingham AL 352	96
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting Bankmy	(b) Description (See instructions regarding type of information required.) Service Charse
3/3/14	BBVA Compass	
#mount (\$) 0.05	Payee address; City, State; Zip Code P.O. BOX 10566 Birminsham AL 35	296 PY: 1742
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions reperding type of information required.)
Date	Payee name	# # # # # # # # # # # # # # # # # # #
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)