#### **Texas Ethics Commission** P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The JC/OH instruction Guide explains how to complete this form. MS/MRS/MR 3 CANDIDATE / М OFFICE USE ONLY **OFFICEHOLDER** NAME Mrs Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** >- F change of address eipt # AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER Date Processed** $C^3$ PHONE CAMPAIGN MS/MRS/MR Date Imaged М 9 **TREASURER** NAME SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE# CITY; STATE; ZIP CODE **TREASURER ADDRESS** (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD 12/31/2013 **COVERED THROUGH** '01/203 **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff OFFICE HELD (if any) 12 OFFICE

**GOTO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

FORM JC/OH

SUPPORT	& TOTALS		Co	VER SHEET PG 2
14 C/OH NAME	ckie	L. Phillips	15 AC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXF HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOR	HOUT THE CANDIDATE'S	OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		7 E 20 _
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		TARR 2014 JA
additional pages		N/A		AN -3
		COMMITTEE CAMPAIGN TREASURER ADDRESS		PM 2
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS ( ES, LOANS, OR GUARANTEES OF LOANS), UNL		\$ 6.08
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$1828.87	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$1794.40	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS O REPORTING PERIOD	OF THE LAST DAY	\$ 34.47
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LO AY OF THE REPORTING PERIOD	DANS AS OF THE	\$ O. OO
18 AFFIDAVIT				
	•		includes all informati	r, that the accompanying report is on required to be reported by me
RITCHARD sion Expires 3, 2016	My Commis	Jick Sig	nature of Candidate	or Officeholder
AFFIX NOTARY STA	MP / SEAL ABOVE			
	scribed before	me, by the said VICKIEL		
day			witness my hai	nd and seal of office.
atgnature of officer admir	nistering oath	SHELLY PRITCHAP Print name of officer administering oath	Title of	TARY REPUB officer administering oath

P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to	1 Total pages Sched	1 Total pages Schedule A(J):			
Mrs Vickie L	. Phillips	3 ACCOUNT # (Eth	ics Commission Filers)		
4 Date 5 Full name of contributor Duty S/2/13 6 Contributor address; City; S 4808 E. Bel Ft. Worth	of-state PAC (ID#:)	contribution (\$)	8 In-kind contribution description(if applicable)		
9 Contributor's principal occupation	10 Contributor's job	_ ^ \			
Business Owner	Busine		ner = =		
11 Contributor's employer/law firm  1) e 5070 Motor Co	12 Law firm of contri	ibutor's spouse (if any)	i i		
13 If contributor is a child, law firm of parent(s) (if any)			3 -		
Date Full name of contributorout-c	of-state PAC (ID#:)	Amount of	In-kind contribution		
8/3/13 Curtis No contributor address; City: s 6504 Mauri Ft. Worth	orrell tate; Zip Code	contribution (\$)	description(if applicable)		
6504 Mauri Ft. Worth	ce CF. TX 76140	(If travel outside of	f Texas, complete Schedule T)		
Contributor's principal occupation	Contributor's job	title			
unemployed	E, Sal				
Contributor's employer/law firm 55I Benefits	Law tirm of contri	ibutor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)					
Date Full name of contributorout-o	of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)		
8/4/13 Seanne Gontributor address; City; St	Floimes tate; Zip Code	#100.00			
		(If travel outside of	f Texas, complete Schedule T)		
Contributor's principal occupation	Contributor's job	, /			
Unemployed	Unemp	loyed.			
Contributor's employer/law firm Social Se	CU(i+y Law firm of contri	butor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)					

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A (J)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A(J):	
2 FILER NAME	Viakie 1 Phillin	<	3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor Dut-of-state PAC (IDE	<u> </u>			
8/23/13	5 Full name of contributor Out-of-state PAC (IDH)  B, // Adams  6 Contributor address; City; State; Zip Code  11189 FM 730 10		7 Amount of contribution (\$)	8: In third contribution description(if applicable)	
' /	11189 FM 730 10				
	Azle, TX 76020		(If travel outside	of Texas, complete Schedule T)	
	rincipal occupation	10 Contributor's job			
	ing Salemans	Jalen	1ans	<u> </u>	
/1	mployer/law firm	12 Law firm of contri	butor's spouse (if an	y) 🔀	
	eland Building Sales	<u> </u>		}	
13 If contributor is	a child, law firm of parent(s) (if arry)			Ţ	
Date 8/23/13	Full name of contributor   Dout-of-state PAC (IDIT:	oran	Amount of contribution (\$)	In-kind contribution description(if applicable)  of Texas, complete Schedule T)	
Contributor's p	rinçipal occupation	Contributor's job		or roses, complete Daregule 1)	
Kea	u/tor	Broke	r/Koc/to		
Contributor's en	Real Estate LLC	Law firm of contril	outor's spouse (if any	)	
If contributor is	a child, law firm of parent(s) (if any)				
929/3	Full name of contributor   Dut-of-state PAC (10#	s Dr	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Farmer Branch T			of Texas, complete Schedule T)	
<i>y,</i> ·	incipal occupation Coner	Contributor's job t	Sales	5	
Contributor's er	nployer/jew firm	Law firm of contrib	utor's spouse (if any	r)	
If contributor is	a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The Instruction Guide explains how to complete th	is form.  1 Total pages Schedule A(J):
Mrs. Vickie L. Phill	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#	7 Amount of 8 In-land contribution contribution (\$) description (if applicable)
9/5/13 Lauid Flores Gontributor address; City, State; Zip Code 1210 Terrace Ave Ft. Worth TX 761	(If travel outside of Texas, complète Schedule T)
9 Contributor's principal occupation Priver	10 Contributor's job title, Tow Truck Driver
11 Contributor's employer/law firm  Towning	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if an )	!
Date Full name of contributor   Dut-of-state PAC (IDIt:	Amount of In-kind contribution contribution (\$) description(if applicable)
9/19/3 DOU'. d. 1090 Yen Contributor address; City; State; Zip Code 2/0/1 Harris Liv	\$40.00
Haltom City TX	76117 (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation Auto Mechan, C	Business Owner
D+K Auto Repair	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	Amount of contribution (\$)   In-kind contribution description(if applicable)
	5/68 (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation  Refired	Contributor's job title
Retirement Social Security	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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SCHEDULE A (J)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A(J):
2 FILER NAME	Vickie L. Phill:	ρS	3 ACCOUNT # (E	thics Commission Filers)
4 Date 1925/13	5 Full name of contributor   Dout-of-state PAC (ID)#   DOUS BOSS 5 6 Contributor address; City; State Zip Code   5733 MOON Flower ( FH. Worth TX 768	<u>1</u> 24, 244	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
B	vincipal occupation	10 Contributor's job	r/Realto	
11 Contributor's e	m Global Kealty	12 Law firm of contri	butor's spouse (if an	59 3
13 If contributor is	s a child, law firm of parent(s) (if any)	***************************************		7.5 TY
1925/13	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
	14. Worth TX 7610	6	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	_	
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13  13	Full name of contributor   Dout-of-state PAC (ID#:	lips Ir	Amount of contribution (\$)	In-kind contribution description(if applicable)  of Texas, complete Schedule T)
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	siness Cloner	Owner		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

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Mis Vickie L. Phil	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor   Dout-of-state PAC (ID#-)  11/17/13   Melanie Pac 6 Contributor address; City, State; Zip Code 4/13 E 3 tancia W Ft Warth, TX	7 Amount of contribution (\$) 8 In-killed contribution description (If applicable)  7 (If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation  On puter Programmer Manager  11 Contributor's employer/law firm.  Computer Sciences Corpolation	40 I must be a continue of a continue of the c
13 If contributor is a child, law firm of parent(s) (if any)	21
Date Full name of contributor   Dut-of-state PAC (IDIE:	
Contributor's principal occupation. Used Car Sales	Contributor's job title Manager
f contributor's employer flaw firm Brokers, Inc.  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributer's spouse (if any)
Date Full name of contributor   Dut-of-state PAC (IDI)!    A	Amount of contribution (\$) In-kind contribution description (if applicable)  do Dr  (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's jap title LOCKS mith
Contributor's employer/law firm  LOCKSM/  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **POLITICAL EXPENDITURES**

SCHEDULE F

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ontract Labor Lo	oan Repayment/Re	imbursement	
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense Tr	ransportation Equip	ment & Relati	ed Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District	C	ontributions/Donati	one Made By	2 -
Fees	Printing Expense	Travel Out Of Dist Office Overhead/F		Candidate/Officel	iomer/Politica	Committee
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6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			70 70	<del></del>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/		<b>3</b>	Office sought		Office h	eld
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### **POLITICAL EXPENDITURES**

### SCHEDULE F

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Consulting Expense	<b>—</b> 1300	evel In District	Contributions/Donat	
Event Expense		evel Out Of District	Candidate/Office	holder/Political Committee
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1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT	# (Ethics Commission Filers)
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4 Date / /	5 Payee name			= 10
10/17/13	Godaddy. Com	·	**************************************	
6 Amount (\$)	7 Payee address; / City; State;	Zip Code, 1 44 - 0		2 6
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8 PURPOSE OF	(a) Category (See categories listed at the top of thi	is schedule) (b) Description	n (If travel outside of Texas	, completé Schedule T
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	Lake Worth TX	76135		
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### **POLITICAL EXPENDITURES**

SCHEDULE F

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	EXPENDITURE	CATEGORIES	FOR BOX 8(a)				
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### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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-	The Instruction Guide explains how	to complete this form.	Z0 T
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT #	(Ethics Commission Filers)
1	Mrs Vickie L. Phil	lips	
4 Date 10/2/13	5 Payee name BBVA Compass		ADMINISTRATION OF THE COLUMN ADMINISTRATION O
6 Amount (\$) \$ 15.95	7 Payee address; City; State; Zip Code P.O. Box 10566 Birmingham, AL 3529	6	H 2: 57
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regard required.)	ing type of information
EXPENDITURE	Banking	Service Cha	rge
Date / //3	BBUA Compass		
Amount (\$) \$ 10.95	Payee address; City; State; Zip Code P.D. Box 10566 Birmingham AL 3529	96	
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding required.)	ng type of information
ZAFENDITORE	Banking	Service Chai	ze
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PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regard required.)	ing type of information
EXPENDITURE	Banking	Service Chan	rge
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 required.)	ing type of information

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