**Texas Ethics Commission** 

(512) 463-5800

(TDD 1-800-735-2989)

| JUDICIAL<br>CAMPAIG  | FORM JC/OH<br>Cover Sheet pg 1                         |  |   |  |
|--|--|--|---|--|
| The JC/OH Instruction  | n Guide explains how to complete this form.            | 1 ACCOUNT #<br>(Ethics Commission Filers)      | 2 Total pages filed:  |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                    | MS/MRS/MR FIRST<br>Mickie<br>NICKNAME LAST<br>Phill.03 |  | Date Received   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br>change of address | ADDRESS / PO BOX: APT / SUITE #: CITY:                 | STATE; ZIP CODE                                | Date Hand-delivered Postmanted  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                                    |  | EXTENSION                                      | Receipt # Amount Date Processed   |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS/MRS/MR FIRST<br>Mrs Mary<br>NICKNAME LAST<br>Davis  |  | Date Imaged   |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(residence or business)            | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:      | CITY; STATE;                                   | ZIP CODE  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHONE NUMBER                                 | EXTENSION                                      |   |  |
| 9 REPORT TYPE  | January 15 30th day before election                    | Runoff Exceeded \$500 limit                    | 15th day after campaign<br>treasurer appointment<br>(officeholder only)     Final report (Attach C/OH - FR) |  |
| 10 PERIOD<br>COVERED   | Month Day Year<br>81/01/12014 THROUGH                  | Month Day<br>01/23/                            | Year<br>2014  |  |
| 11 ELECTION  | Month Day Year<br>O3/O4/2014 Primary                   | Runoff   | General Special   |  |
| 12 OFFICE  | OFFICE HELD (if any)                                   | 13 OFFICE SOUGHT (It known<br>Justice<br>Peace | of The<br>Pet4  |  |
|  | GO TO PAG  | E2   |   |  |

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| Texas Ethics Commissio  | n P.O. Box  | 12070                    | Austin, Tex                       | as 78711-2070   | (512)                     | 463-5800    | (TDD 1-8        | 00-735-2989      |
|---|---|--------------------------|-----------------------------------|---|---------------------------|-------------|-----------------|------------------|
| JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH<br>SUPPORT & TOTALS COVER SHEET PG 2 |   |                          |                                   |   |                           |             |                 |                  |
| 14 C/OH NAME  | kie L.  | Phill                    | l:ps                              |   |                           | 15 ACCOUN   | T # (Ethics Co  | mmission Filers) |
| 16 NOTICE<br>FROM<br>POLITICAL<br>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                              | N/A   |                           | Υß          |                 | 2                |
|   | GENERAL   | COMMITTEE                | ADDRESS                           | NIA   |                           |             | ECTION          |                  |
| additional pages  |   | COMMITTEE                | CAMPAIGN TREAS                    |   |                           |             |                 |                  |
|   |   | COMMITTEE                | CAMPAIGN TREAS                    |   |                           |             | STRATO          | 12: N            |
| 17 CONTRIBUTION<br>TOTALS   |   |                          |                                   | S OF \$50 OR LESS (<br>ES OF LOANS), UNL                                  |                           |             | ð.              | 00               |
| -   |   |                          | <b>CONTRIBUT</b><br>GES, LOANS, C | TIONS<br>OR GUARANTEES OF   | LOANS)                    | 9           | 22              | 5,00             |
| EXPENDITURE<br>TOTALS   | 3. TOTAL P  | OLITICAL EX              | PENDITURES                        | OF \$100 OR LESS, U   | NLESS ITE                 |             | · O.            | 00               |
| -   | 4. TOTAL  | POLITICAL                | EXPENDITU                         | RES   |                           | \$          | 719             | ,93              |
| CONTRIBUTION<br>BALANCE   |   | OLITICAL CO<br>REPORTING |                                   | MAINTAINED AS O   | F THE LAST                | DAY \$      | 265             | 5,64             |
| OUTSTANDING<br>LOAN TOTALS  |   |                          | MOUNT OF ALL<br>EPORTING PER      | OUTSTANDING LO  | ANS AS OF                 | THE \$      | 0,              | 00               |
| 18 AFFIDAVIT  | SHELLY PRITCHAI<br>My Commission Exp<br>April 9, 2016   |                          | tr                                | swear, or affirm, und<br>rue and correct and i<br>inder Title 15, Electio | ncludes all i<br>on Code. |             | quired to be re |                  |
| AFFIX NOTARY STAN   |   |                          |                                   |   |                           | 4           |                 |                  |
| Sworn to and subs   | of Janua  |                          | •                                 | CKIE C Pr   |                           |             |                 | s the<br>office. |
| Signature of ficer admir  | our contraction of the second | Print                    | name of officer                   | HP12D<br>administering oath   | ~110-                     | Title offic | er administeri  | ng oath          |

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| POLITICAL CONTRIBUTIONS<br>OTHER THAN PLEDGES OR LOANS  | S (JUDICIAL) SCHEDULE A (J)   |
|---|---|
| The Instruction Guide explains how to complete thi  | s form.   |
| 2 FILER NAME<br>Mrs Vickie L. Phillips<br>4 Date 5 Full name of contributor Dut-of-state PAC (10#:)<br>1/3/ Janis Davila              | 3 ACCOUNT # (Ethics Commission Filers)<br>7 Amount of 8 In-kind contribution<br>contribution (\$) description(if applicable)<br>3 3 4 CCOUNT # (Ethics Commission Filers) |
| 1/3/14 6 Contributor address; City; State; Zip Code<br>1808 Quail Run Ca<br>Weaterford TX 76<br>9 Contributor's principal occupation/ | (If travel outside of Texas, complete Schedule T)   |
| Retired   | Retired<br>12 Law firm of contributor's spouse (if any)   |
| 1 Contributor's employer/law firm   |   |
| 3 If contributor is a child, law firm of parent(s) (if any)   |   |
| Date Full name of contributor Dut-of-state PAC (ID#   | Amount of contribution (\$) In-kind contribution description(if applicable)   |
| Contributor's principal occupation  | Contributor's job title   |
| Contributor's employer/law firm<br>HZ/E_ISD   | 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 Dut-of-state PAC (10#   | Amount of In-kind contribution<br>contribution (if applicable)<br>450, 0 5 5<br>(If travel outside of Texas, complete Schedule T)   |
| Contributors principal occupation   | Contributor's jobdittle   |
| 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)   |   |
|   | OF THIS SCHEDULE AS NEEDED<br>uction guide for additional reporting requirements.   |
|   |   |

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Austin, Texas 78711-2070

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| POLITICAL  | EXPENDITURES  |   |  | SCHEDULE F  |  |  |  |
|--|---|---|--|---|--|--|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |   |  |   |  |  |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gift/Awards/Memorials Expense       Salaries/Wages/Contract Labor       L         Legal Services       Solicitation/Fundraising Expense       Travel In District         Food/Beverage Expense       Travel Out Of District |   |  | Loan Repayment/Reimbursement<br>Transportation Equipment & Related Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>OTHER (enter a category not listed above)<br>rm. |  |  |  |
| 1 Total pages Schedule F:  | Mrs. Vickie   | L. PF   | illips   | 3 ACCOUNT # (Ethics Commission Filers)  |  |  |  |
| <sup>4</sup> Date $ 9   2 $<br><sup>6</sup> Amount (\$)<br> 4   8   9   2                |   | om<br><sup>ate; Zip Code</sup><br>/den Ro<br>L 8526   | 1 # 210  |   |  |  |  |
| 8 PURPOSE<br>OF  | (a) Category (See categories listed at the top  | of this schedule)   | (b) Description (If tra                        | avel outside of Texas, complete Schedule T)   |  |  |  |
| EXPENDITURE  | Advertising EXP.  | ense  | Webs.  | te  |  |  |  |
| 9 Complete <u>QNLY</u> if direct<br>expenditure to benefit C/C                           | Candidate / Officeholder name<br>DH   |   | Office sought                                  | Office held   |  |  |  |
| Date   | Payee name  | ige of the bill defined on a second secon | en an a de |   |  |  |  |
| Amount (\$)  | Payee address; City; Sta  | ate; Zip Code   |  |   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top  | of this schedule)   | Description (If tra                            | vel outside of Texas, complete Schedule T)  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/C                             | Candidate / Officeholder name   |   | Office sought                                  |   |  |  |  |
| Date   | Payee name  |   |  |   |  |  |  |
| Amount (\$)  | Payee address; City; Sta  | te; Zip Code  |  | ED<br>COUNT<br>PMIZ:<br>MINISTRA  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See catagories listed at the top  | of this schedule)   | Description (If tra                            | vel outside of Tenss, complete Schedule T)  |  |  |  |
| Complete <u>QNLY</u> if direct expenditure to benefit C/C                                | Candidate / Officeholder name<br>H  |   | Office sought                                  | Office held   |  |  |  |
| Date   | Payee name  |   |  |   |  |  |  |
| Amount (\$)  | Payee address; City; Sta  | ite; Zip Code   |  |   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top  | of this schedule)   | Description (if tra                            | vel outside of Texas, complete Schedule T)  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                             | Candidate / Officeholder name<br>H  |   | Office sought                                  | Office held   |  |  |  |
|  | ATTACH ADDITIONAL C   | OPIES OF THIS S   | CHEDULE AS NEI                                 | EDED  |  |  |  |

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| Texas Ethics Commissio   | on P.O. Box 12070  | Austin, Texas 78711  | -2070 (512)4   | 463-5800                                | (TDD 1-800-735-2989)       |
|--|--|--|--|---|----------------------------|
|  | EXPENDITURE  |  |  |   | SCHEDULE G                 |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gift/Awards/Memorials Expens<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense | FURE CATEGORIES F<br>se Salaries/Wages/Cor<br>Solicitation/Fundrais<br>Travel In District<br>Travel Out Of Distri<br>Office Overhead/Re<br>Guide explains how to c | ntract Labor Loan<br>sing Expense Tran<br>Cont<br>ict C<br>intal Expense OTH | tributions/Donatio<br>Candidate/Officeh | ment & Related Expense     |
| 1 Total pages Schedule G:  | Mrs Vicki  | ie L. Phi  | llips  | 3 ACCOUNT #                             | (Ethics Commission Filers) |
| 4 Date<br>1/1/1/4  |  | onserve tive   | s Unit   | PAC                                     |                            |
| Reimbursement from<br>political contributions<br>intended                                | 7 Payee address; Cit   |  |  |   |                            |
| 8 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See categories listed a<br>EVENT E   | •  | (b) Description (Iftra<br>BOOT   | avel outside of Texas,<br>k Feet        |                            |
| Date   | Payee name   |  |  |   |                            |
| Amount (\$)<br>Reimbursement from political contributions intended                       | Payee address; Cit   | y; State; Zip Code   |  |   |                            |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed a  | at the top of this schedule)   | Description (If tra  |   | Acomplete Schedule T)      |
| Date   | Payee name   |  |  | MV cud                                  | RAHT<br>ARAHT<br>JAN 24    |
| Arnount (\$)   | Payee address; Cit   | y; State; Zip Code   |  | IN STRATO                               | ED<br>COUNTY<br>PHI2: 00   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed a  | It the top of this schedule)   | Description (If tra  | vel outside of Texas,                   | , complete Schedule T)     |
| Date   | Payee name   |  |  |   |                            |
| Amount (\$)<br>Reimbursement from political contributions intended                       | Payee address; City  | y; State; Zip Code   |  |   |                            |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed a  | It the top of this schedule)   | Description (If tran   | vel outside of Texas,                   | , complete Schedule T)     |
|  | ATTACH ADDITION  | AL COPIES OF THIS S  | CHEDULE AS NEEL  | DED                                     |                            |

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|  | FROM POLITICAL<br>TIONS TO A BUSINESS OF   | С/ОН   | SCHEDULE H   |
|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | EXPENDITURE CATEGORIES           Gift/Awards/Memorials Expense         Salaries/Wages/C           Legal Services         Solicitation/Fundra           Food/Beverage Expense         Travel In District           Polling Expense         Travel Out Of Dis           Printing Expense         Office Overhead/F           The Instruction Guide         explains how to | ontract Labor Loan Repay<br>aising Expense Transportati<br>Contribution<br>trict Candidat<br>Rental Expense OTHER (ent | ment/Reimbursement<br>on Equipment & Related Expense<br>s/Donations Made By<br>e/Officeholder/Political Committee<br>er a category not listed above) |
| 1 Total pages Schedule H:  | Mrs Vickie L. Phil   | 3 ACC  | COUNT # (Ethics Commission Filers)   |
| 4 Date /2/14   | BBVA COMPASS   | /  |  |
| 6 Amount (\$)<br>\$ 10,95  | 7 Business address; City; State; Zip Code<br>P.O. BOX 10566<br>Birmingham AL 3529  | 16   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)   | (b) Description (If travel outside<br>Service (  | 1  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/C                           | Candidate / Officeholder name  | Office sought  | office held  |
| Date   | Business name  |  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)   | Description (If travel outsid  | e of Texas, complete Schedule T)   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                             | Candidate / Officeholder name<br>H   | Office sought  | CT Office helder   |
| Date   | Business name  | an an an Anna An Anna An An Anna An Anna An Anna An Anna        | S ADM  |
| Amount (\$)  | Business address; City; State; Zip Code  |  | PMIZ: 04   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)   | Description (If travel outside   | e of Texas, complete Schedule T)   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                             | Candidate / Officeholder name<br>H   | Office sought  | Office held  |
| Date   | Business name  |  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)   | Description (If travel outside   | e of Texas, complete Schedule T)   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                             | Candidate / Officeholder name<br>H   | Office sought  | Office held  |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEEDED   |  |

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