(512) 463-5800

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MS/MRS/MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Date Received NAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX ZIP CODE OFFICEHOLDER MAILING **ADDRESS** change of address Receipt:# 5 CANDIDATE/ OFFICEHOLDER PHONE Date Imaged MS/MRS/MR Mi CAMPAIGN TREASURER NAME SUFFIX ZIP CODE CITY: STATE CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT+SUITE #: TREASURER ADDRESS (residence or business) CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 Runoff 30th day before election treasurer appointment (officeholder only) 8th day before election July 15 Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED 2/24/14 THROUGH **ELECTION TYPE** 11 ELECTION Runoff 12 OFFICE OFFICE HELD (if any) **GOTO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

| 14 C/OH NAME | ckie. | L. Phillips | 15 ACCOUNT # (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(S) | COMMITTEE TYPE | COMMITTEE NAME | 2) RN EL 2) | | | | |
| | GENERAL | COMMITTEE ADDRESS | TARR BLYFE | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | RANT EB 24 ONS AC | | | | |
| additional pages | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | IIIZ: 36 | | | | |
| 17 CONTRIBUTION TOTALS | I I IOIAL | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,575,00 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL P | OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER | MIZED \$ 0,00 | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 490,12 | | | | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD | \$2,561,5T | | | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD | * 0, 00 | | | | |
| 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, € only. | | | | | | | |
| BRANDON MOORE Notary Public, State of Texas My Commission Expires September 16, 2017 Signature of Cardidate or Officeholder | | | | | | | |
| AFFIX NOTARY STA | | | | | | | |
| Sworn to and subscribed before me, by the said <u>Vickie Phillips</u> , this the | | | | | | | |
| 24+4 day of February, 20 14, to certify which, witness my hand and seal of office. Brandon Moore Notary Signature of officer administering oath Print name of officer administering oath Title of officer administering oath | | | | | | | |
| Signature of officer adm | inistering oath | Print name of officer administering oath | Title of officer administering oath | | | | |

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to the | ntract Labor Loan Repaym Transportation Contributions/ Candidate, ental Expense OTHER (ente | ent/Reimbursement n Equipment & Related Expense Donations Made By 'Officeholder/Political Committee racategory not listed above) | | | |
|--|--|---|---|--|--|--|
| 1 Total pages Schedule F: | PILER NAME Vickie L. P. | hillips 3 ACC | EB R | | | |
| 4 Date 2/10/14 | 5 Payee name COM | , | NITE NATE OF ADMINISTRATION OF THE PARTY OF | | | |
| 6 Amount (\$) 9,99 | 7 Payee address; City, State; Zip Code 144455 W. Hayden Rd Scottsdale, AZ 852 | #219 260 | D DUNTY PM I2: 31 | | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside | 1 | | | |
| EXPENDITURE | Advertising Expense | Websin | te. | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held | | | |
| Date 2/15/14 | Payername Albertson | | | | | |
| #33,65 | Payee address; City; State; Zip Code 480 Northwest PK 1921e, TX 76020 | | | | | |
| PURPOSE OF EXPENDITURE | Event Expense | Description (If travel outside | of Texas, complete Schedule T) | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held | | | |
| Date 2/15/14 | 11.01 100p | le Garde | en Club | | | |
| Amount (\$) / | Payee address: Clay; State; Zip Code 1017 BOY L RU 1218, YX 760 | 20 | | | | |
| PURPOSE OF | Category (See categories listed at the top of this schedule) | Description (If travel outside | a | | | |
| EXPENDITURE | Fuent Expense | t000 d for | Phone Bankers | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held | | | |
| Date 2/22/14 | Payenname Kins Printi, | 18 | | | | |
| A 346,48 | Payee address; City; State; Zip Code P.O. BOX 1442 Halton City TK | 76117 | | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside | of Texas, complete Schedule T) | | | |
| OF EXPENDITURE | Advertising Expense | - Road Sig | ins | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

Revised 04/19/2013

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

| The Instruction Guide explains how to complete th | 1 Total pages Schedule A(J): | | | | | |
|---|--|---------------------------------|---|--|--|--|
| Mrs Vickie L. Phillip | 3 ACCOUNT # (Ethics Commission Filers) | | | | | |
| Date 5 Eull name of contributor Dul-of-state PAC (ID#: | | | kind contribution ption(if applicable) | | | |
| 9 Contributor's principal occupation / | 10 Contributor's job t | (If travel outside of Texas, co | omplete Schedule T) | | | |
| 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) | | | | | | |
| Date Full name of contributor Dut-of-state PAC (ID#: Diliam S. X Contributor address; City; State; Zip Code P.O. BOX 122269 FL Worth, TX | auis 16121 | | ind contribution otion(if applicable) implete Schedule T) | | | |
| Contributor's principal occupation | Contributor's job to | tle | | | | |
| 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 contributorbut-of-state PAC (ID#: Contributor address; City; State; Zip Code | | | ind constitution obtion(Fapplicapite) | | | |
| Contributor's principal occupation | Contributor's job t | | | | | |
| Contributor's employer/law firm | Law firm of contrib | outor's spouse (if any) | 3) | | | |
| 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.