CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethica Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Bobby NICKNAME Phillips	MI	OFFICE USE ONLY Date Received FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address			JAN 1 2 2024 SUBAN STRICKLAND COUNTY CLERK, VAN ZANDT CO., TX BY DEP
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST , Janice	A MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Wingo		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3975 VZ CR 370 Edgewood, TX 73	2	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before a	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09 / 28 / 2023	THROUGH 12	Day Year / 31 / 2023
11 ELECTION	Month Day Year Primary 03 / 05 / 2023 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	Van Zandt C Precinci	ounty Commissioner
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Bobby	Phillips 1	15 Filer ID (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 TYPE COMMITTEE NAME			
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
	-	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	AN A	
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2280.12	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ O	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		THE \$ 0	
18 AFFIDAVIT				
			perjury, that the accompanying report is ormation required to be reported by me	
		Bolf Pti	elly	
		Signature of Can	adidate or Officeholder	
AFFIX NOTARY STA	MP/SEALABOVE	.		
Sworn to and subs	orthad hefore me	by the said Bobby Phillips	, this the $ 2 $	
T-	2/1	to certify which, witness my hand and seal of office.		
hile Bros	re Real	Nila Brooke Reed	TX Notary	
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Bobby Phillips 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2280,12
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Date 11-17-23 Bobby Phillips 5 Payee name 11-17-23 Van Zandt County Republican Party Amount (\$) 7 Payee address; City; State; Zip Code	Candidate/Officeholder/Politic Credit Card Payment	Travel Out Of District
Amount (8)	2	Bobby Phillips
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Taxas. Complete Schedule T. Check if Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Complete Schedule T. Check if Austin, TX, officeholder in Taxas. Com		
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expenditure to benefit C/OH Bobby Phillips VZ County Commissioner 9-28-23 Amount (\$) Payee name Signs On the Cheap Amount (\$) Payee address; City; State; Zip Code ISSS A Stonehollow Dr. Political contributions intended PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY If direct expenditure to benefit C/OH Payee name II - 02-23 Payee name Fly way Southern Outdoors Amount (\$) Payee address; City; State; Zip Code Precinct Office held Precinct Precinct Office held Office held Total Survey Category (See Categories listed at the top of this schedule) Payee name II - 02-23 Fly way Southern Outdoors Amount (\$) Payee address; City; State; Zip Code \$208.91 Payee name Category (See Categories listed at the top of this schedule) Possession of the schedule on the schedule of the s	OF	Check if travel outside of Texas. Complete Schedule T.
Amount (\$) Payee address; City; State; Zip Code \$ 462.22 IIS 25 A Stonehollow Dr. Reimbursoment from policial contribusions Intervale PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Payee name II - 02 - 23 Amount (\$) Payee name Fly way Southern Outdoors Amount (\$) Payee address. City; State; Zip Code Payee name Fly way Southern Outdoors Amount (\$) Payee name Fly way Southern Outdoors Amount (\$) Payee address. City: State; Zip Code \$ 208.91 Payee name Candidate / Office hold of this schedule) Payee name Fly way Southern Outdoors Amount (\$) Payee address. City: State; Zip Code \$ 208.91 Payee name Category (See Calegories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Calegories listed at the top of this schedule) Category (See Calegories listed at the top of this schedule) Complete ONLY If direct expenditure to benefit C/OH Complete ONLY If direct expenditu		Candidate / Office holder name Office sought VZ County Commissioner Precinct 3
Reinbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description Check If Investigation of Texas. Complete Schedule T.		Signs On the Cheap
Date Payer name	1	A
PURPOSE OF EXPENDITURE Advertising Expense Check it ravel outside of Texas. Complete Schedule T. Check it fravel outsid	political contributions	Austin, TX 78758
Date Payee name 11-02-23 Payee address; City; State; Zip Code \$ 208.91 Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY If direct expenditure to benefit C/OH Bobby Phillips Payee name	OF	Check If travel outside of Texas. Complete Schedule T.
Payee name 11-02-23 Fly way Southern Outdoors Amount (\$) Payee address: City; State; Zip Code \$ 208.91 247 N. Main St. Reimbursament from political contributions intended PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of th		Candidate / Officeholder name Office sought VZ County Commissioner Precinct 3
Feinbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Candidate / Officeholder name Complete Schedule 7		Flyway Southern Outdoors
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY If direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside outside of Texas. Complete Schedule T. Check if ravel outside outside out		
PURPOSE OF EXPENDITURE Advertising Expense Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austlin, TX, officeholder living expense Complete ONLY If direct expenditure to benefit C/OH Robby Phillips Office sought V2 County Commissioner Precinct 3	political contributions	Grand Saline, TX 75140
expenditure to benefit C/OH Bobby Phillips V2 County Commissioner	OF	Check if travel outside of Texas. Complete Schedule T.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		DH DII DI. 11 VZ COUNTY COMMISSIONET
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorlals Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 igns On the Cheap 7 Payee address; City; State; Zip Code 11525 A Stonehollow Dr. 858.99 Reimbursement from political contributions Austin, TX 78758 intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held Vz County Commissioner Precinct 3 expenditure to benefit C/OH Bobbu Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Pavee address: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check If travel outside of Texas. Complete Schedule T. EXPENDITURE _ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED