

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: **7**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **(MR)**

FIRST

WALTER

MI

R.

NICKNAME

"WALT"

LAST

PHILLIPS

SUFFIX

OFFICE USE ONLY

Date Received

CITY CLERK DEPT.
MAY - 1 PM
4:46

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**10060 NEWCASTLE
EL PASO, TX 79924**

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 755-8949 or (915) 328-4637

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **(MRS)**

FIRST

GLORIA MORALES

MI

NICKNAME

PHILLIPS

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**10060 NEWCASTLE
EL PASO, TX 79924**

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 755-8949

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

4 / 1 / 2009

THROUGH

Month Day Year

4 / 30 / 2009

11 ELECTION

ELECTION DATE

Month Day Year

5 / 9 / 2009

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

CITY REPRESENTATIVE, DIST. 4

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

NONE

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME WALTER RAY PHILLIPS 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

** 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

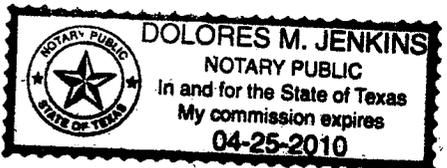
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 110.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,460.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 40.00
4. TOTAL POLITICAL EXPENDITURES	\$ 4,151.27
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,716.38
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000.00

19 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.

Walter Ray Phillips
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Walter Ray Phillips, this the 1st day of May, 20 09, to certify which, witness my hand and seal of office.

Dolores M. Jenkins Signature of officer administering oath
Dolores M. Jenkins Printed name of officer administering oath
Notary Title of officer administering oath

CITY CLERK DEPT.
09 MAY - 1 PM 4:46

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
09 MAY - 1 PM 4:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 3	
2 FILER NAME WALTER "WALT" PHILLIPS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/7/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON TOMKO	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4918 MAXWELL EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED MILITARY		10 Employer (See Instructions)	
Date 4/7/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY HAMILTON	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8208 MONTGOMERY EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HOUSEWIFE		Employer (See Instructions)	
Date 4/10/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. KIRK ROBISON	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4445 N. MESA, STE. 100 EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) OWNER	
Date 4/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD D. WILES	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9003 BELK ST EL PASO, TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SABRIER		Employer (See Instructions) EL PASO COUNTY	
Date 4/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT A. HOY JR.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1122 AIRWAY BLVD. EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER / DEALER		Employer (See Instructions) HOY AUTOMOTIVE	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.
09 MAY -1 PM 4:46

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

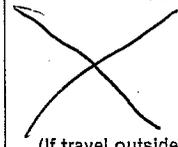
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: B	
2 FILER NAME WALTER "WALT" PHILLIPS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/13/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES WAKBEM	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 741 SOMERSET EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) UNKNOWN		10 Employer (See Instructions)	
Date 4/6/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J A CARDWELL	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 66808 EL PASO, TX 79926		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)	
Date 4/7/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUD + MARTNA BEZEMEK	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10601 MARYMEGAN CT. EL PASO, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) L + M BEZEMEK REALTY	
Date 4/7/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS R. L. GLOVER	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10961 PERSEPHONE DR. EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED MILITARY		Employer (See Instructions)	
Date 4/7/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKIE MORGAN	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5232 LATASTE EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
09 MAY - 1 PM 4:45

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME WALTER "WALT" PHILLIPS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/13/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY MEDINA	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 971454 EL PASO, TX 79997		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PAN-AMERICAN INSURANCE		10 Employer (See Instructions) OWNER	
Date 4/13/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.O. STEWART JR.	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 124 W. CASTELLANO DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)	
Date 4/13/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CITIZENS FOR PROSPERITY PAC (STATE GENERAL POLITICAL ACTION COMMITTEE)	Amount of contribution (\$) 	In-kind contribution description (if applicable) \$1,500.00 FOR CAMPAIGN MANAGEMENT SVCS. BY GWEN POLIHO
Contributor address; City; State; Zip Code P.O. BOX 3519 EL PASO, TX 79923		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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CITY CLERK DEPT.
03 MAY - 1 PM 4:45

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>WALTER "WALT" PHILLIPS</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4/2/09</u>	5 Payee name <u>COYOTE STRATEGIES</u> 6 Payee address; City; State; Zip Code <u>500 N. OREGON ST EL PASO, TX 79901</u>	7 Amount (\$) <u>\$1,719.27</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN MAILERS</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>WALTER "WALT" PHILLIPS</u> <u>CITY REP, DIST 4</u>	
Date <u>4/4/09</u>	Payee name <u>USPS</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$1,308.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>POSTAGE FOR CAMPAIGN MAILERS</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>WALTER "WALT" PHILLIPS</u> <u>CITY REP, DIST 4</u>	
Date <u>4/6/09</u>	Payee name <u>GWEN PULIDO</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$400.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>REIMBURSEMENT FOR FUNDRAISER EXPENSES</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>WALTER "WALT" PHILLIPS</u> <u>CITY REP, DIST 4</u>	
Date <u>4/15/09</u>	Payee name <u>ALEXIS SINFORDSO</u> Payee address; City; State; Zip Code <u>4433 N. STANTON APT 157 EL PASO, TX 79900</u>	Amount (\$) <u>\$564.20</u>
Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN WORKER</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>WALTER "WALT" PHILLIPS</u> <u>CITY REP, DIST 4</u>	

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POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
MAY -1 PM 4:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>WALTER "WALT" PHILLIPS</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4/17/09</u>	5 Payee name <u>ROBERT ORTEGA JR.</u>	7 Amount (\$) <u>160.00</u>
6 Payee address; City; State; Zip Code <u>4367 JON CONNINGHAM EL PASO, TX 79934</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN WORKER</u> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>WALTER "WALT" PHILLIPS</u> <u>CITY REP, DIST. 4</u>
Date <u>4/28/09</u>	Payee name <u>CARMEN AGUAYO</u>	Amount (\$) <u>40.00</u>
Payee address; City; State; Zip Code <u>9110 HAZELNUT CT, APT# 32 EL PASO, TX 79907</u>		
Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN WORKER</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>WALTER "WALT" PHILLIPS</u> <u>CITY REP, DIST. 4</u>
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED