

# 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: <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b> FIRST <b>WALTER</b> MI <b>R.</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME <b>WALT</b> LAST <b>PHILLIPS</b> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>10060 NEWCASTLE EL PASO, TX 79924</b>	Date Received <b>09 JUL 1 2009</b> CITY CLERK DEPT.	
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE <b>(915)</b> PHONE NUMBER <b>755-8949</b> EXTENSION <b>328-4637</b>	Date Hand-delivered or Date Postmarked <b>09 JUL 1 2009 PM 3:50</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b> FIRST <b>GLORIA</b> MI <b>M.</b>	Receipt #	Amount
	NICKNAME <b>PHILLIPS</b> LAST SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>10060 NEWCASTLE EL PASO, TX 79924</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(915)</b> PHONE NUMBER <b>755-8949</b> EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>4/29/09</b> <b>7/15/09</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05/09/09</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <b>NONE</b>	13 OFFICE SOUGHT (if known) <b>CITY REP. DIST. 4</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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 <b>NONE</b>		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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

17 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 10.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,656.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,600.00

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 Phillips*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Walter Phillips, this the 15<sup>th</sup> day of July, 20 09, to certify which, witness my hand and seal of office.

*Jacqueline S. Leyva*  
Signature of officer administering oath

Jacqueline S. Leyva  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

WALTER R. PHILLIPS

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

*W.R. Phillips*

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*W.R. Phillips*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*W.R. Phillips*

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>WALTER R. FAIRCLOPS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/30/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALFRED S. ROBERTS JR.</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9812 TITAN ST, EL PASO, TX 79924</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>RETIRED MILA'</b>		10 Employer (See Instructions)	
Date <b>4/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESUS R. HERRERA</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6021 PALO ALTO AVE, EL PASO, TX 79918</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>LAOYER</b>		Employer (See Instructions)	
Date <b>4/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSHUA W. HUNT</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5008 VISTA DEL MONTE EL PASO, TX 79928</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SELF-EMPLOYED</b>		Employer (See Instructions)	
Date <b>4/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WOODY L. HUNT</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 12220 EL PASO, TX 79913</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SELF-EMPLOYED</b>		Employer (See Instructions)	
Date <b>4/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GAYLE G. HUNT</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 12220 EL PASO, TX 79913</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SELF EMPLOYED</b>		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>WALTER R. PHILLIPS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/30/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>L. FREDERICK FRANCIS</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO BOX 3739 EL PASO, TX 79923</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>SELF-EMPLOYED</b>		10 Employer (See Instructions)	
Date <b>4/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>J. ROBERT BROWN</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>414 EXECUTIVE CENTER, SUITE 210 EL PASO, TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SELF-EMPLOYED</b>		Employer (See Instructions)	
Date <b>4/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PABLO SANDERS</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>920 BROADWAY EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SELF-EMPLOYED</b>		Employer (See Instructions)	
Date <b>5/2/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WOODY L. HUNT</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 12228 EL PASO, TX 79913</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SELF EMPLOYED</b>		Employer (See Instructions)	
Date <b>5/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RICK HERNANDEZ</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>530 ROSAMONTE RD. EL PASO, TX 79920</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>INSURANCE</b>		Employer (See Instructions) <b>NATIONWIDE</b>	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>WALTER R. PHILLIPS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/13/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MYRON T. ZERR</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5101 CORNELL EL PASO, TX 79924</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>WALTER PAILLIPS</u> <u>WALT PAILLIPS</u>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$ <u>7,600.00</u>
5 Date of loan <u>6/15/09</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WALT PAILLIPS</u>	9 Loan Amount (\$) <u>8600.00</u>
6 Is lender a financial Institution? <u>Y</u> <input checked="" type="radio"/> <u>N</u>	8 Lender address; City; State; Zip Code <u>10060 NEWCASTLE</u> <u>EL PASO, TX 79924</u>	10 Interest rate <u>0%</u>
12 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		11 Maturity date
13 Employer (See Instructions)		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation	20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <u>Y</u> <u>N</u>	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation	Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME  
WALTER R. PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date  
5/11/09

5 Payee name  
ALEXIS SINFORDSO  
6 Payee address; City; State; Zip Code  
4433 N. STANTON, APT# 157  
EL PASO, TX 79902

7 Amount (\$)  
\$425.00

8 Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN WORKER  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held  
WALTER "WALT" PHILLIPS  
CITY REP. DIST. 4

Date  
5/3/09

Payee name  
CARMEN NOVAJO  
Payee address; City; State; Zip Code  
9110 HAZELNUT ST., APT# 32  
EL PASO, TX 79907

Amount (\$)  
\$90.00

Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN WORKER  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held  
WALTER "WALT" PHILLIPS  
CITY REP. DIST. 4

Date  
5/2/09

Payee name  
REVEL GROUP  
Payee address; City; State; Zip Code

Amount (\$)  
\$1500.00

Purpose of payment (See instructions regarding type of information required.)  
VOTER LISTS  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held  
WALTER "WALT" PHILLIPS  
CITY REP. DIST. 4

Date  
5/13/09

Payee name  
A. FLORAL DREAM (CHARLIE GARCIA)  
Payee address; City; State; Zip Code

Amount (\$)  
\$1456.61

Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN SIGN POSTING  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held  
WALTER "WALT" PHILLIPS  
CITY REP. DIST. 4

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**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>6/15/09</u>	5 Payee name <u>ALEXIS SINFOROSO</u>	7 Amount (\$) <u>\$195.00</u>
6 Payee address; City; State; Zip Code <u>4433 N. STANTON, APT. #157 EL PASO, TX 79902</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN WORKER</u> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held <u>WALTER "WALT" PHILLIPS</u> <u>CITY REP. DIST. 4</u>
Date <u>6/15/09</u>	Payee name <u>BANK OF THE WEST</u>	Amount (\$) <u>\$10.00</u>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

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