Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

CITY CLERK DEPT. 08 APR -1 PM 3:16

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: WALTER | MI: R.

NICKNAME: "WALT" | LAST: PHILLIPS | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

10060 NEWCASTLE
EL PASO, TX 79924

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 | MI: MORALES

NICKNAME | LAST: 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: 11 / 3 / 2008 THROUGH Month / Day / Year: 3 / 31 / 2009

11 ELECTION

ELECTION DATE: Month / Day / Year: 05 / 09 / 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME "WALT" WALTER 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. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 545.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,405.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 88.05
	4. TOTAL POLITICAL EXPENDITURES	$ 6,089.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 7,000.00

19 AFFIDAVIT

JACQUELINE S. LEYVA
NOTARY PUBLIC
In and for the State of Texas
My commission expires
12-10-2011

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Walter Phillips, this the 9th day of April, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Jacqueline S. Leyva	Jacqueline S. Leyva	Notary

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME WALTER "WALT" PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/17/09	SANDRA LEEBAUER 10820 LOMA DE AMOR LN EL PASO, TX 79934	$25.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
UNEMPLOYED	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	PAT GAMMON 6016 NAPLES EL PASO, TX 79924	$100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CLERK	EPISD

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	CELIA SALAS 704 CENTAURO EL PASO, TX 79928	$20.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
JOB COACH	EPISD

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	DON WOODYARD 5409 FAIRBANKS EL PASO, TX 79924	$5.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	LINA F. ALARCON 2610 JUSTUS ST EL PASO, TX 79930	$100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
UNEMPLOYED	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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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: 5

2 FILER NAME WALTER "WALT" PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/17/09	RICHARD D. WILES 9003 BELK ST. EL PASO, TX 79904	$100.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): SHERIFF

10 Employer (See Instructions): EL PASO COUNTY

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	JIM A. HAMILTON 9208 MONTGOMERY EL PASO, TX 79924	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	WILLIAM H. WICKLINE 10021 GOLIAD DR. EL PASO, TX 79924	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	JESSE BULOS 8413 PARKLAND EL PASO, TX 79925	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RECORDS MANAGEMENT OFFICER

Employer (See Instructions): EPISD

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/09	REGINA ARNOLD P.O. BOX 640205 EL PASO, TX 79904	$25.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME WALTER "WALT" PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/17/09	BARBARA D. DISE 10057 IMPERIAL ST. EL PASO, TX 79924	$25.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RETIRED

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/18/09	LUD BEZEMEK 10601 MARY MEGAN CT. EL PASO, TX 79935	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): REALTOR

Employer (See Instructions): L+M BEZEMEK REALTY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/09	JOHN COOK CAMPAIGN 3224 MESA VERDE LN. EL PASO, TX 79904	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): MAYOR

Employer (See Instructions): CITY OF EL PASO

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/09	ANN MORGAN LILLY 700 BLACKER AVE. EL PASO, TX 79902	$200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): CITY REPRESENTATIVE

Employer (See Instructions): CITY OF EL PASO

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/8/09	REBECCA L. MOORE 10885 LOMA BAJA EL PASO, TX 79934	$45.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): UNEMPLOYED

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME WALTER "WALT" PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/12/09	ALFRANK CATUCCI 7221 MERIDEN EL PASO, TX 79912	$ 100.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): BUSINESS OWNER

10 Employer (See Instructions): SELF-EMPLOYED

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/18/09	CHARLES BROWN 4312 LONA CLARA ST. EL PASO, TX 79934	$ 50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED MILITARY

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/18/09	MARTHA BEZEMEK 10601 MARY MEAGAN CT. EL PASO, TX 79935	$ 60.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): REALTOR

Employer (See Instructions): L+H BEZEMEK REALTY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/31/09	JEAN K. FROUD 501 E. RIO GRANDE EL PASO, TX 79902	$ 100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): AGENT

Employer (See Instructions): FARMERS INSURANCE GROUP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/27/09	PAUL FOSTER 123 W. MILLS AVE, STE. 200 EL PASO, TX 79901	$ 500.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): CEO WESTERN REFINERY

Employer (See Instructions): SELF EMPLOYED

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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: 5

2 FILER NAME WALTER "WALT" PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/31/09	CITIZENS FOR PROSPERITY PAC (STATE GENERAL POLITICAL ACTION COMMITTEE) PO BOX 3519 EL PASO, TX 79923	$5,400.00	FOR CAMPAIGN MANAGEMENT SERVICES BY GWEN DOLIDO

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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 ☐ 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 ☐ 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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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME "WALT" WALTER PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 7,000.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:)
WALT PHILLIPS

9 Loan Amount ($) 3000.00

6 Is lender a financial Institution? Y (N)

8 Lender address; City; State; Zip Code
10060 NEWCASTLE
EL PASO, TX 79924

10 Interest rate Ø %

11 Maturity date

12 Principal occupation / Job title (See Instructions)
RETIRED

13 Employer (See Instructions)

14 Description of Collateral
☒ none

15 GUARANTOR INFORMATION
☒ 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 ☐ out-of-state PAC (ID#:)
WALT PHILLIPS

Loan Amount ($) 4000.00

Is lender a financial Institution? Y (N)

Lender address; City; State; Zip Code
10060 NEWCASTLE
EL PASO, TX 79924

Interest rate Ø %

Maturity date

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Description of Collateral
☒ none

GUARANTOR INFORMATION
☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: WALTER "WALT" PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held	
12/8/08	BANK OF THE WEST 500 N. MESA PO BOX 99100 EL PASO, TX 79999	$13.05	CAMPAIGN ACCOUNT CHECKS	WALTER R. PHILLIPS	CITY REPRESENTATIVE DISTRICT 4		1
12/17/08	SR. ALL-STAR FOOTBALL INC. C/O RICK HERNANDEZ 865 N. RESLER, STE. L. EL PASO, TX 79912	$100.00	CAMPAIGN AD	WALTER R. PHILLIPS	CITY REPRESENTATIVE DISTRICT 4		2
1/6/09	EL PASO COUNTY ELECTIONS DEPT CITY-COUNTY BLDG. 500 E. SAN ANTONIO ST EL PASO, TX 79901	$10.00	ELECTION DATA LISTS	WALTER R. PHILLIPS	CITY REP. DIST. 4		3
1/26/09	JANICE DIXON 5824 POMPANO ST. EL PASO, TX 79924	$500.00	CATERER FOR FUNDRAISER	WALTER R. PHILLIPS	CITY REP. DIST. 4		4

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME WALTER "WALT" PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/25/09	COYOTE STRATEGIES 500 N. OREGON ST EL PASO, TX 79901	$1243.75

8 Purpose of payment (See instructions regarding type of information required.): CAMPAIGN LITERATURE

(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: WALTER R. PHILLIPS
Office sought / Office held: CITY REP. DIST. 4

5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/2/09	IRIS EVOLUTION PO BOX 691085 SAN ANTONIO, TX 78269	$1000.00

Purpose of payment (See instructions regarding type of information required.): CREATE WEB SITE

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: WALTER R. PHILLIPS
Office sought / Office held: CITY REP DIST. 4

6

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/11/09	MULLIGAN'S BAR & GRILL 10710 GATEWAY NORTH EL PASO, TX 79924	$18.00

Purpose of payment (See instructions regarding type of information required.): FOOD FOR FUNDRAISER

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: WALTER R. PHILLIPS
Office sought / Office held: CITY REP. DIST 4

7

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20/09	COYOTE STRATEGIES 500 N. OREGON ST. EL PASO, TX 79901	$814.97

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN SIGNS

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: WALTER R. PHILLIPS
Office sought / Office held: CITY REP. DIST 4

8

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT. 09 APR -9 PM 3:16

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME "WALT" WALTER PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	
3/25/09	NORTHEASTER PARADE CMTE. 5813 BAGDAD WAY EL PASO, TX 79924	$45.00	9

8 Purpose of payment (See instructions regarding type of information required.) ENTRY FEE

(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: WALTER R. PHILLIPS
Office sought / Office held: CITY REP. DIST. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)	
3/26/09	RUBBER DUCKY 8610 N. LOOP EL PASO, TX 79907	$162.38	10

Purpose of payment (See instructions regarding type of information required.) T-SHIRTS

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: WALTER R. PHILLIPS
Office sought / Office held: CITY REP. DIST. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)	
3/31/09	COYOTE STRATEGIES 500 N. OREGON ST. EL PASO, TX 79901	$2,268.00	11

Purpose of payment (See instructions regarding type of information required.) SIGNS

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: WALTER R. PHILLIPS
Office sought / Office held: CITY REP. DIST. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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