FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00066411 88 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Fredericka M. NAME Date Received **ELECTRONICALLY FILED** 01/15/2024 NICKNAME LAST **SUFFIX Phillips** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Alva NAME NICKNAME LAST **SUFFIX** Wesley-Thomas **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 278-0800 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 61 Harris District Judge District 61

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 88

13 C / OH NAME	Phillips, Fredericka M	1. (The Honorable)		14 Filer ID 00066411	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures m	ccepted or political expenditual lay have been made without to uired to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRE	ESS			
	SPECIFIC					
COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ITRIBUTIONS(OTHER THAN ONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBUTI PLEDGES, LOANS, C	ONS OR GUARANTEES OF LOANS	S)	\$	70,531.20
EXPENDITURE TOTALS	PENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITUR	RES		\$	58,122.37
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	165,618.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		tru	wear, or affirm, under penalty le and correct and includes al lder Title 15, Election Code.			
			The Honoral	ole Fredericka M. Pl	hillips	
			Signature of	Candidate or Officeho	older	
AFFIX NO	ΓARY STAMP / SEAL AB	OVE				
			vibourd and appl of office	, this the		_ day
	eer administering oath		y hand and seal of office. officer administering oath	Title of office	er administerir	ng oath
-	,		-			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVER SH	3 of 88
	LER NAM hillips, F	ME redericka M. (The Honorable)	19 Filer ID 00066411	(Ethics Comn	nission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	FAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	65,675.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,856.20
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	58,122.37
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	L. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/20 Rpt: 4/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 07/26/2023	5 Full name of contributor Adrogue, Matias6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77006				
8		Principal Occupation		9 Contributor's Job Title		
_	law			Lawyer		
10	Contributor's e	employer/law firm ogue PLLC		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	ny)			
=	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	07/26/2023 Ali, Amber Contributor address; City; State; Zip Code			\$25.00		
		Houston, TX 77043				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Chamberlair		\			
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	12/20/2023	Baker Botts Amicus Fund				\$2,500.00
		Contributor address; City; Sta Houston, TX 77002	ate; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Continuators	-micipal Occupation		Continuator's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			

N	IONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
Т	he Instru	ction Guide explains ho	w to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 2/20 Rpt: 5/88
	ILER NAME	dericka M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00066411
4 Da		5 Full name of contributor	D and of state DAC (ID)		7 Amount of Contribution (\$)
	7/10/2023	Baker Hostetler LLP	out-of-state PAC (ID#:)	\$250.00
	6 Contributor address; City; State; Zip Code				
		6 Contributor address; City;	State; Zip Code		
		Houston, TX 77002			
8 C	ontributor's f	I Principal Occupation		9 Contributor's Job Title	
10 C	ontributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If	contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>	
Di	ate	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
07	07/18/2023 Beverly, Shantel		\$25.00		
	Contributor address; City; State; Zip Code				"
		Houston, TX 77044			
C	ontributor's f	Principal Occupation		Contributor's Job Title	
lo	ngshorema	an		longshoreman	
C	ontributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
LI	LA local 24				
If	contributor i	s a child, law firm of parent(s) (if	any)	•	
Di	ate	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
08	8/15/2023	Beverly, Shantel	_		\$25.00
		Contributor address; City;	State; Zip Code		"
		Houston, TX 77044			
C	ontributor's I	Principal Occupation		Contributor's Job Title	•
lo	ngshorema	an		longshoreman	
C	ontributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
LI	LA LOCAL	24			
If	contributor i	s a child, law firm of parent(s) (if	any)	•	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/20 Rpt: 6/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00066411
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Date 07/26/2023 Boyar & Miller PC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77098				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/26/2023 Buchanan, Byron Contributor address; City; State; Zip Code				\$500.00	
		Houston, TX 77058				
		Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		an Law Office				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/30/2023	Buchanan, Byron				\$250.00
Contributor address; City; State; Zip Code Houston, TX 77058			-			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Law	тпера Оссираноп		Lawyer		
-		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		an Law Office PC				
	If contributor is	s a child, law firm of parent(s) (i	f any)	l		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/20 Rpt: 7/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00066411
4	09/05/2023 Buzbee, Anthony 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5,000.00		
		Houston, TX 77002				
8	Contributor's I Law	Principal Occupation		Contributor's Job Title Lawyer		
10	Contributor's e	employer/law firm Law Firm		11 Law firm of contributor's sp	oouse	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date 10/30/2023 Full name of contributor out-of-state PAC (ID#:) Chandler, Sherry Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$150.00		
		Houston, TX 77027				
		Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
	Chandler La	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/04/2023	Cokinos Young Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77010				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/20 Rpt: 8/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	10/03/2023 Dobrowski, Paul 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77007				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title Lawyer		
10	10 Contributor's employer/law firm Dobrowski Stafford LLP 11 Law firm of contributor's spo			oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
Date O8/04/2023 Full name of contributor out-of-state PAC (ID#:) Domingo Garcia LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00			
		Houston, TX 77034				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	10/30/2023	Elliott & Little Contributor address; City; Conroe, TX 77301	State; Zip Code			\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 6/20 Rpt: 9/88
2	FILER NAME	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Phillips, Free	dericka M. (The Honorable)			00066411
4	Date 5 Full name of contributor out-of-state PAC (ID#:) O7/25/2023 Farah Law 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00		
		Houston, TX 77006			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	f any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/30/2023	Farah Law		J	\$750.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77006			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	f any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/30/2023	Foley & Lardner LLP			\$500.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77002			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	f any)		

	MONET	ARY POLITICAL CONT	FRIBUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	mplete this f	orm.	1	Total pages Schedule A(J)1: Sch: 7/20 Rpt: 10/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 10/30/2023	10/30/2023 Ghafoor, Henna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77042				
8	Contributor's F	Principal Occupation		Contributor's Job Title Lawyer		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if anv)
		digm Law Group PC				()/
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-o	of-state PAC (ID#:_)		Amount of Contribution (\$)
	07/26/2023 Gourrier, Joseph Contributor address; City; State; Zip Code			\$250.00		
		Bellaire, TX 77401				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
		Law Firm PLLC				
	if contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-c	of-state PAC (ID#:_			Amount of Contribution (\$)
	07/25/2023	Gray Reed & McGraw LLP				\$1,000.00
		Contributor address; City; State; Zip Houston, TX 77056	Code			
_	Contributor's F	Principal Occupation		Contributor's Job Title		
	Continuation	Tillopal Goodpallon		Contains ator 5 cos Titale		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/20 Rpt: 11/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 07/20/2023	5 Full name of contributor Hagans, Fred6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.0
		Houston, TX 77006				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	lawyer			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
42		ntgomery Hagans	5 a.m. A			
12	in Contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/07/2023 Hall, Benjamin Contributor address; City; State; Zip Code				\$2,000.0	
		Houston, TX 77006				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	The Hall Lav					
	If contributor is	s a child, law firm of parent(s) (i	rany)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/17/2023	Hardin, Rusty	_			\$1,000.0
	Contributor address; City; State; Zip Code					
		Houston, TX 77010		T		
		Principal Occupation		Contributor's Job Title		
_	Law Contributor's	employer/law firm		Lawyer	20110	o (if any)
		n & Associates LLP		Law firm of contributor's sp	Jous	e (II aliy)
	-	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/20 Rpt: 12/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 07/26/2023	07/26/2023 Havins, John 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00	
		Houston, TX 77098				
8		Principal Occupation		9 Contributor's Job Title		
	law			Lawyer		
10	Contributor's 6 Havins Asso	employer/law firm ciates PC		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/18/2023 Kaplan, Lee Contributor address; City; State; Zip Code				\$250.00	
		Houston, TX 77002				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Law			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		lan & Veselka, LLP	6 A			
	If contributor is	s a child, law firm of parent(s) (i	rany)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/15/2023	Khawaja, Omar				\$2,500.00
	Contributor address; City; State; Zip Code					
		Houston, TX 77077		I		
	Law	Principal Occupation		Contributor's Job Title Lawyer		
-		employer/law firm		Law firm of contributor's sp	יוטט	se (if any)
		ices of Omar Khawaja, PLL0		Law mm or contributor 5 of	Jour	oo (ii aiiy)
		s a child, law firm of parent(s) (i		1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 10/20 Rpt: 13/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 10/30/2023	5 Full name of contributor Knockaert, Eric6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Houston, TX 77024				
8		Principal Occupation		9 Contributor's Job Title		
_	Law			Lawyer		
10		employer/law firm nockaert PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/27/2023 Kretzer, Seth Contributor address; City; State; Zip Code				\$250.00	
		Houston, TX 77002				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	law			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Seth Kretzer				
	if contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/27/2023	Kretzer, Seth				\$250.00
	Contributor address; City; State; Zip Code			1		
	Contributorio	Houston, TX 77002		Contributoulo Job Title		
	law	Principal Occupation		Contributor's Job Title Lawyer		
-		employer/law firm		Law firm of contributor's sp	oous	se (if anv)
		of Seth Kretzer				(1, 7)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/20 Rpt: 14/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 10/21/2023	5 Full name of contributor Kwon, Christopher6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Pearland, TX 77584				
8		Principal Occupation		9 Contributor's Job Title		
40	Law			Lawyer		of the same
10	Kwon Law P	employer/law firm 'LLC		11 Law firm of contributor's sp	oous	se (If any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)	I		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	07/26/2023	Mack, Nathaniel Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77098				
		Principal Occupation		Contributor's Job Title		
	Law Contributor's	employer/law firm		Lawyer Law firm of contributor's sp	20116	ca (if any)
	Mack Injury	• •		Law iiiii or contributor 5 5	Jour	ic (ii dily)
		s a child, law firm of parent(s) (i	f any)	1		
-	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/28/2023	Mahadass, Rajesh	_ ` `			\$5,000.00
		Contributor address; City; Houston, TX 77098	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Law	- Inicipal Occupation		Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Paranjpe Ma	ahadass Ruemke LLP				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/20 Rpt: 15/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 10/02/2023	5 Full name of contributor Marcos, Javier6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77037				
8		Principal Occupation		9 Contributor's Job Title		
10	Law	ampleyer/less firm		Lawyer	2011	on (if any)
10		employer/law firm os & Associates		11 Law firm of contributor's sp	Jous	se (II ariy)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)
	07/26/2023	McKamie, Reginald Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77219				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		f Reginald E McKamie	f any)			
	ii continuator i	s a child, law firm of parent(s) (i	i aliy)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	10/19/2023	McMillan, Chance				\$1,000.00
		Contributor address; City; Houston, TX 77002	State; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Law	iniopai Goodpaion		Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	McMillan La	w Firm				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/20 Rpt: 16/88
2	FILER NAME Phillips, Fred	AME Fredericka M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00066411	
4	Date 10/30/2023	5 Full name of contributor Monty & Ramirez LLP6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77076				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/04/2023	Morrow & Sheppard LLF Contributor address; City;				\$2,500.00
		Houston, TX 77056				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/22/2023	Padilla, John	_			\$1,000.00
		Contributor address; City; Houston, TX 77057	State; Zip Code		•	
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Padilla & Ro	driguez LLP				
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 14/20 Rpt: 17/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 10/30/2023	5 Full name of contributor Pardo Homan, PC6 Contributor address; City;	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$250.00
		Houston, TX 77019				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/30/2023	Parker, Derrick Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77006				
		Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
		employer/law firm Law Firm PLLC		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a crima, law iirii or parcrit(s) (i	i arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/27/2023	Perry, Brent				\$1,000.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77010		1		
		Principal Occupation		Contributor's Job Title		
_	Law Contributor's	employer/law firm		Lawyer Law firm of contributor's sp	2011	co (if any)
	Burford Perr			Law IIIII of Contributor's Sp	Jou:	se (II dily)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		al pages Schedule A(J)1 h: 15/20 Rpt: 18/88	L:
2	FILER NAME				3 File	er ID (Ethics Commissi	on Filers)
	Phillips, Free	dericka M. (The Honorable)			00	066411	
4	Date 10/27/2023	5 Full name of contributor Prather, Kelly	out-of-state PAC (ID#:		7 Am	ount of Contribution (\$)	\$500.00
		6 Contributor address; City;	State; Zip Code				
		Houston, TX 77008					
8	Contributor's Law	Principal Occupation		9 Contributor's Job Title Lawyer			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (it	any)	
	The Greenw	ood Prather Law Firm PC					
12	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	07/13/2023	Reynolds, Chris				.,	\$2,500.00
		Contributor address; City;	State: Zip Code				
		Houston, TX 77002					
_	Contributor's	Principal Occupation		Contributor's Job Title			
	Legal	Throipar Occupation		Attorney			
_		employer/law firm		Law firm of contributor's s	nouse (it	any)	
	Reynolds Fr			Law min or contributor of	pouse (ii	uny)	
_		s a child, law firm of parent(s) (i	f anv)				
	ii contributori	s a crima, raw inini or pareria(s) (i	i uny)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	08/31/2023	Roberts Markland LLP					\$1,000.00
		Contributor address; City;	State; Zip Code				
		Houston, TX 77004					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if	any)	
	If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>			
\vdash							

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 16/20 Rpt: 19/88
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Phillips, Fre	dericka M. (The Honorable)			00066411
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	07/24/2023	Rothman, Marcy			\$1,000.00
		6 Contributor address; City;	State; Zip Code		
		Houston, TX 77056			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Law			Lawyer	
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)
40		ell Coleman Logan PC			
12	t it contributor i	s a child, law firm of parent(s) (it any)		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/21/2023	Sadler, Julie			\$500.00
		Contributor address; City;	State: Zip Code		··
			otato, <u>-</u> .p oodo		
		Houston, TX 77007			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Law	Timolpai Goodpailon		Lawyer	
_		employer/law firm		Law firm of contributor's s	spouse (if any)
	Diggs & Sac				(· · · · · · · · · · · · · · · · · · ·
_		s a child, law firm of parent(s) (if anv)	<u> </u>	
		(-) (,,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	10/30/2023	Smyser Kaplan & Vese	ka LLP		\$1,000.00
		Contributor address; City;	State; Zip Code		"
		Houston, TX 77002			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (f any)	•	
Г					

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 17/20 Rpt: 20/88
2	FILER NAME Phillips, Fred	E edericka M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00066411	
4	Date 09/14/2023	5 Full name of contributor The Ammons Law Firm L6 Contributor address; City; S			7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77006				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)
	10/30/2023	The Cweren Law Firm PI Contributor address; City; S	-LC		-	\$500.00
		Houston, TX 77098				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	10/24/2023	The Law Offices of Hilda	L Sibrian PC			\$1,000.00
		Contributor address; City; S Houston, TX 77018	State; Zip Code		•	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 18/20 Rpt: 21/88
2	FILER NAME Phillips, Fred	dericka M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00066411
4	Date 07/10/2023	5 Full name of contributor Thurlow, Thomas6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.00
		Houston , TX 77056				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	law			attorney		
10	Contributor's (Thurlow & A	employer/law firm ssociates		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/21/2023	Todd, Alton Contributor address; City;	<u> </u>			\$2,500.00
		Friendswood, TX 77546				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		n of Alton Todd PC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	07/14/2023	Vilandos, Marilyn				\$150.00
		Contributor address; City; Houston, TX 77082	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Law	iniopai Georpaien		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Schoeust Ba	amdas Soshea BenMaier & E	Eastham			
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	e this f	form.	1	Total pages Schedule A(J)1: Sch: 19/20 Rpt: 22/88
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Phillips, Fred	dericka M. (The Honorable)			┖	00066411
4	Date 08/01/2023	 Full name of contributor	PAC (ID#:_)	7	Amount of Contribution (\$) \$150.00
		Houston, TX 77082				
8	Contributor's I Law	Principal Occupation		9 Contributor's Job Title Lawyer		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	oous	se (if any)
	Schouest Ba	amdas Soshea BenMaier & Eastham				
12	2 If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)
	10/30/2023	Vilandos, Marilyn				\$150.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77082				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Law			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Schouest Ba	amdas Soshea BenMaier & Eastham				
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ut-of-state F	PAC (ID#:_)	Π	Amount of Contribution (\$)
	10/16/2023	Ware Jackson Lee O'Neill Smith & Barro				\$1,000.00
		Contributor address; City; State; Zip Code			1	
		Houston, TX 77019				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Fotal pages Schedule A(J)1: Sch: 20/20 Rpt: 23/88
2	FILER NAME Phillips, Fred	E 3 edericka M. (The Honorable)		1	Filer ID (Ethics Commission Filers) 00066411	
4	Date 10/18/2023	5 Full name of contributor West, Scott6 Contributor address; City;	out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$) \$5,000.00
		Sugar Land, TX 77479				
8		Principal Occupation		9 Contributor's Job Title		
10	Law	and a conflored finance		Lawyer		(if any)
10	The West La	employer/law firm aw Firm		11 Law firm of contributor's sp	oouse	(IT any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i> </i>	Amount of Contribution (\$)
	07/21/2023	Wotring, Earnest Contributor address; City;	State; Zip Code			\$500.00
	O a stalle standa I	Houston, TX 77002		O antilla de de Tide		
	Law	Principal Occupation		Contributor's Job Title Lawyer		
H		employer/law firm		Law firm of contributor's sp	ouse	(if any)
	Baker Wotrin					((, y)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i>-</i>	Amount of Contribution (\$)
	10/20/2023	Wotring, Earnest Contributor address; City; Houston, TX 77002	State; Zip Code			\$250.00
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Law	Thicipal Occupation		Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)
	Baker Wotrir					
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/88 3 Filer ID (Ethics Commission Filers) FILER NAME Phillips, Fredericka M. (The Honorable) 00066411 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 10/30/2023 Kherkher Garcia LLP \$2,856.20 I food and beverages 7 Contributor address; City; State; Zip Code Houston, TX 77098 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 07/26/2023 The Hall Law Group \$2,000.00 I food and beverages Contributor address; City; State; Zip Code Houston, TX 77006 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	,
	Sch: 1/64 Rpt: 25/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	07/28/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	366 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/15/2023	Akashi
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	12230 W Lake Houston Pkwy
		Ste 200
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/08/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.53	1516 Second Ave
		Seattle, WA 98101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		court supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/64 Rpt: 26/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	07/26/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$379.56	1516 Second Ave
		Seattle, WA 98101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Courtroom seat cushions
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	D-4-	
	Date	Payee name
	09/27/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.26	1516 Second Ave
		Seattle, WA 98101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		office supplies
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.69	1516 Second Ave
		Seattle, WA 98101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		office supplies
	Complete CNUV'S	Consider Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/64 Rpt: 27/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	09/27/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.49	1516 Second Ave
		Seattle, WA 98101
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign supplies
		Campaign cappines
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/03/2023	Amazon
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.78	1516 Second Ave
L		Seattle, WA 98101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign supplies
		Cumpaign supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/17/2023	Amazon
	Amount (\$) \$30.06	Payee address; City; State; Zip Code 1516 Second Ave
	φ30.00	1510 Second Ave
		0
		Seattle, WA 98101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign materials
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 4/64 Rpt: 28/88	FILER NAME Phillips, Fredericka M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066411
4	Date	5 Payee name	00000411
	12/07/2023	Amazon	
6	Amount (\$) \$252.18	7 Payee address; City; State; Zip Code 1516 Second Ave	
8	PURPOCE	Seattle, WA 98101	
o	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense court staff appreciation gifts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/07/2023	Amazon	
	Amount (\$) \$68.28	Payee address; City; State; Zip Code 1516 Second Ave	
		Seattle, WA 98101	
	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff gifts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/10/2023	Payee name Amazon	
	Amount (\$) \$166.73	Payee address; City; State; Zip Code 1516 Second Ave	
		Seattle, WA 98101	
	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff holiday gifts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/64 Rpt: 29/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/18/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.63	1516 Second Ave
		Seattle, WA 98101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense gift for law clerk
		giit loi law cierk
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	07/22/2023	Anonymous Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.09	3701 Kirby
	Φ01.09	Unit 160
		Houston, TX 77098
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/10/2023	Area 5 Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 608
		Pasadena, TX 77501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZABITORZ	Candidate/Officeholder/Political Committee
		Event sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/64 Rpt: 30/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/12/2023	Bath and Body Works
6	Amount (\$) \$79.92	7 Payee address; City; State; Zip Code 14315 N Sam Houston Pkwy E
	Ψ13.32	14010 N Odin Houston I Kwy L
		Houston, TX 77044
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff holiday gifts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Davida warea
	08/06/2023	Payee name Bluestone Lane
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.74	1900 Lake Woodland Dr
		The Woodlands, TX 77380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign lunch meeting
		Campaign function in esting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2023	Bouchee Patisserie at The Post Oak Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.91	1600 W Loop S
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/64 Rpt: 31/88	Phillips, Fredericka M. (The Honorable)	00066411
4	Date	5 Payee name	<u> </u>
	10/01/2023	Bouchee Patisserie at The Post Oak Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.44	1600 W Loop S	
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			campaign lunch
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Gree	'	
	Date	Payee name	
	12/09/2023	Brennan's of Houston	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.00	3300 Smith	
		Houston, TX 77006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			pro rata share for judges dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Payee name	
	12/14/2023	Brennan's of Houston	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$440.00	3300 Smith	
		Houston, TX 77006	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		1	staff holiday lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/64 Rpt: 32/88	Phillips, Fredericka M. (The Honorable)		00066411
4	Date	5 Payee name		<u> </u>
	09/20/2023	Brothers Taco House		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$86.49	1604 Emancipation Ave		
		Houston, TX 77003		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense jury and court staff meal
				jury and court stair mear
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
ľ	expenditure to benefit C/OI		110	Office field
-	Date	Payee name		
	11/07/2023	Brothers Taco House		
	Amount (\$)	Payee address; City; State; Zip Cod	اما	
	\$110.69	1604 Emancipation Ave	ıc	
	Ψ110.03	1004 Emanoipation Ave		
		Houston, TX 77003		
	DUDDOCE	T	'b\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(U)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
				jury and court staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	experience to benefit Gree			
	Date	Payee name		
	12/04/2023	Burlington		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$31.34	14353 E Sam Houston Pkwy N		
		Houston, TX 77044		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				white elephant gift for judges
				Time Copilarit gilt for jauges
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/64 Rpt: 33/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	07/30/2023	Cafe Biscartes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.53	680 N Lake Shore Dr
		Ste 100
		Chicago, IL 60611
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		snack at conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	12/13/2023	Charter Up LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,815.99	3344 Peachtree Rd NE
		Ste 800
		Atlanta, GA 30326
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		transportation sponsor for community event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
L	12/16/2023	Charter Up LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3344 Peachtree Rd NE
		Ste 800
		Atlanta, GA 30326
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		gratuity to bus driver for community event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/64 Rpt: 34/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	08/22/2023	Chickfila
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$568.58	14335 East Sam Houston Pkwy N
		Houston, TX 77044
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food sponsor for community event
		lood sponsor for community event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/06/2023	Chilis
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.98	9350 N Sam Houston Pkwy E
		Humble, TX 77396
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign meeting
		campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	5 .	
	Date	Payee name
	11/10/2023	Corner Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.38	1000 Main St.
		Ste 101
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		jury and staff meal
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/64 Rpt: 35/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	08/27/2023	Cru
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.25	2800 Kirby
		Ste B130
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense valet parking
		valet parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/27/2023	Cru
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.28	2800 Kirby
		Ste B130
		Houston, TX 77098
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Control
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign lunch meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/24/2023	Cypresswood Golf Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.00	21602 Cypresswood Dr
		Spring, TX 77373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		event sponsor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations M Candidate/Officeholder/I Credit Card Payment	Diltical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule Sch: 12/64 Rpt: 36	
4 Date	5 Payee name
07/21/2023	Day 6 Coffee Co
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31	
	Ste 100
	Houston, TX 77002
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EVEENDURE	Check if Austin, TX, officeholder living expense
	Court staff breakfast
9 Complete <u>ONLY</u> if dire expenditure to benefit	
expenditure to belieff	JOH
Date	Payee name
08/08/2023	District Courts Benevolence Fund
Amount (\$)	Payee address; City; State; Zip Code
\$50	201 Caroline
	Houston, TX 77002
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	donation for flowers
Complete ONLY if dire	ct Candidate/Officeholder name Office sought Office held
expenditure to benefit	o
Date	Payes name
11/27/2023	Payee name Faith to Faith Foster Care and Adoption Agency
Amount (\$)	Payee address; City; State; Zip Code
\$250	3350 McFaddin
	Beaumont, TX 77706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	donation to toy unive
Complete ONLY if dire	ct Candidate/Officeholder name Office sought Office held
Complete ONLY if dire expenditure to benefit	
•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F1: Sch: 13/64 Rpt: 37/88 Phillips, Fredericka M. (The Honorable) 3 Filer ID (0006411 00066411 00		
4 Date 10/18/2023 5 Payee name FedEx Kinko's 5 Payee name FedEx Kinko's 5 Payee address; City; State; Zip Code 2200 Southwest Frwy ## Houston, TX 77098 6 Purpose OF EXPENDITURE 2200 Southwest Frwy ## Durpose OF EXPENDITURE 6 Printing Expense		
10/18/2023 FedEx Kinko's FedEx Kinko's FedEx Kinko's		
\$24.48 \$24.48 \$24.48 \$2200 Southwest Frwy Houston, TX 77098 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if ravel outside of Texas. Complete Schedule T.		
\$24.48 2200 Southwest Frwy Houston, TX 77098 8		
Houston, TX 77098		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense copy campaign materials 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name FedEx Kinko's Amount (\$) Payee address; City; State; Zip Code \$3.14 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if Tavael outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense copy campaign materials 9 Complete QNLY if direct expenditure to benefit C/OH Date 10/18/2023 Amount (\$) Payee name FedEx Kinko's Amount (\$) Payee address; City; State; Zip Code \$3.14 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if Tavael outside of Texas. Complete Schedule T. Check if Tavael outside of Texas. Complete Schedule T. Check if Tavael outside of Texas. Complete Schedule T. Check if Tavael outside of Texas. Complete Schedule T. Check if Tavael outside of Texas. Complete Schedule T. Check if Tavael outside of Texas. Complete Schedule T. Check if Tavael outside of Texas. Complete Schedule T. Check if Tavael outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Printing Expense Candidate/Officeholder name Office sought Office held Office held Payee name FedEx Kinko's Amount (\$) Payee address; City; State; Zip Code \$3.14 Payee address; City; State; Zip Code \$3.14 Purpose Office Sought Office held Offic		
Printing Expense Check if Austin, TX, officeholder living expense copy campaign materials Complete ONLY if direct expenditure to benefit C/OH Date		
9 Complete ONLY if direct expenditure to benefit C/OH Date 10/18/2023		
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name FedEx Kinko's Amount (\$) Payee address; City; State; Zip Code 2200 Southwest Frwy Houston, TX 77098 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Date 10/18/2023 Payee name FedEx Kinko's Amount (\$) Payee address; City; State; Zip Code 2200 Southwest Frwy Houston, TX 77098 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense Purpose Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Date 10/18/2023		
10/18/2023 FedEx Kinko's Amount (\$) Payee address; City; State; Zip Code \$3.14 2200 Southwest Frwy Houston, TX 77098 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Amount (\$) \$3.14 Payee address; City; State; Zip Code 2200 Southwest Frwy Houston, TX 77098 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
\$3.14 2200 Southwest Frwy Houston, TX 77098 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Houston, TX 77098 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE Printing Expense 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		
12/12/2023 Frank's Pizza		
Amount (\$) Payee address; City; State; Zip Code		
\$143.00 417 Travis		
Houston, TX 77002		
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
jury and staff meal		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card r dyment	The Instruction Guide explains how to comple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 14/64 Rpt: 38/88	Phillips, Fredericka M. (The Honorable)		00066411	
4	Date	5 Payee name	•		
	07/30/2023	Friends Sushi on Rush			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$61.41	710 N Rush St			
		Chicago, IL 60611			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outs		
	EXI ENDITORE		Check if Austin, TX dinner at judges		expense
			ulliller at judges	Connenence	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
9	expenditure to benefit C/O			Office fie	au
	Data				
	Date 07/01/2023	Payee name Frontrunners Strategic Management Services			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	PO Box 8176			
		Haveton TV 77000			
		Houston, TX 77288			
	PURPOSE OF	, -	Description Check if travel outs	ido of Toyas, Com	oloto Schodulo T
	EXPENDITURE	Consulting Expense	Check if Austin, TX		
			Campaign cons	ulting service	es
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			
	Date	Payee name			
	08/09/2023	Frontrunners Strategic Management Services			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10,000.00	PO Box 8176			
		Houston, TX 77288			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Consulting Expense	Check if travel outs	ide of Texas. Com	olete Schedule T.
	EXPENDITURE		Check if Austin, TX		
			Campaign cons	ulting and ou	itreach services
	Operation ONE VIII II	On distant Office helder area		0	1-1
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	PIO

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/64 Rpt: 39/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	09/01/2023	Frontrunners Strategic Management Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 8176
		Houston, TX 77288
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting
		Sampaign something
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/12/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	6750 West Loop South
		Houston, TX 77401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Davisa nama
	08/09/2023	Payee name Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	6750 West Loop South
	Ψ10.00	or so west book south
		Houston, TX 77401
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		bank fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Onditions to bottom O/OI	

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Br
Contributions/ Donations Made By Gift/Awx
Candidate/Officeholder/Political Committee Legal S

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/64 Rpt: 40/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	09/11/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.00	6750 West Loop South
		Houston, TX 77401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		bank fee
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	6750 West Loop South
		Houston, TX 77401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense bank fee
		Dalik lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Paras manua
	Date 11/09/2023	Payee name Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	6750 West Loop South
		Houston, TX 77401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/64 Rpt: 41/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/11/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	6750 West Loop South
		Houston, TX 77401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense bank fee
		Bully ICC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	08/22/2023	Fuel Maxx
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.89	11611 E Sam Houston Pkwy N
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ice for event
		ice ioi event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	08/22/2023	Garcia, Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	12712 W Lake Houston Pkwy
		food truck parking lot
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Tamales for Area 5 Democrats potluck
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/64 Rpt: 42/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/04/2023	Garrison, Tanya
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	201 Caroline
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense pro rata share for judges gifts
		pro rata share for judges gills
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/07/2023	GoDaddy
_	Amount (\$)	Payee address; City; State; Zip Code
	\$18.11	14455 N Hayden Rd
	Ψ10.11	Ste 219
		Scottsdale, AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/07/2023	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.11	14455 N Hayden Rd
		Ste 219
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		unhoite renewal
		website renewal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
۲	Total manage Outradials 54		2 Files ID (Ethica Commission Files)
1	Total pages Schedule F1: Sch: 19/64 Rpt: 43/88	2 FILER NAME Phillips, Fredericka M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066411
L	3CII. 19/04 Rpt. 43/00	·	00000411
4	Date	5 Payee name	
	09/07/2023	GoDaddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.11	14455 N Hayden Rd	
		Ste 219	
		Scottsdale, AZ 85260	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		website renev	vai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/08/2023	GoDaddy	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.11	14455 N Hayden Rd	
	Φ10.11		
		Ste 219	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		TX, officeholder living expense
		campaign wel	osite
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	11/06/2023	GoDaddy	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.11	14455 N Hayden Rd	
	Ψ10.11	-	
		Ste 219	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	LAFENDITORE		TX, officeholder living expense
		website renev	val
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
Г			
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 7	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
,	Sch: 20/64 Rpt: 44/88	Phillips, Fredericka M. (The Honorable) 00066411
4 [Date	5 Payee name
1	12/06/2023	GoDaddy
6 /	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.11	14455 N Hayden Rd
		Ste 219
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense website renewal
		website renewal
9 (Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/23/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.78	12680 W Lake Houston
	Ψ172.10	12000 W Luke Houston
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Jury snacks
		July Shacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
ĺ <i>'</i>	\$80.94	12680 W Lake Houston
	Ψ00.94	12000 W Lake Houston
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		jury snacks
	0. 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	, : : :: : : : : : : : : : : : : : : :	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Consulting Expense Contributions/ Donations Made By - Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/64 Rpt: 45/88 Phillips, Fredericka M. (The Honorable) 00066411 4 Date Payee name 09/11/2023 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$134.14 12680 W Lake Houston Houston, TX 77044 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense jury snacks and office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/05/2023 **HEB** Amount (\$) Payee address; City; State; Zip Code \$42.60 12680 W Lake Houston Houston, TX 77044 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/15/2023 **HEB** Amount (\$) Payee address: City: State; Zip Code \$31.02 12680 W Lake Houston Houston, TX 77044 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 22/64 Rpt: 46/88	2 FILER NAME Phillips, Fredericka M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066411
4		5 Payee name HEB
6	Amount (\$) \$35.41	7 Payee address; City; State; Zip Code 12680 W Lake Houston
8	PURPOSE OF EXPENDITURE	Houston, TX 77044 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/14/2023	Payee name HEB
	Amount (\$) \$921.52	Payee address; City; State; Zip Code 12680 W Lake Houston Houston, TX 77044
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gift cards for staff year end bonus
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/22/2023	Payee name HEB
	Amount (\$) \$110.55	Payee address; City; State; Zip Code 12680 W Lake Houston
		Houston, TX 77044
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gift card for law clerk
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 23/64 Rpt: 47/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	08/02/2023	Harland Clarke
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.41	15955 La Cantera Pkwy
		San Antonio, TX 78256
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		check printing fee
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2023	Harland Clarke
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.00	15955 La Cantera Pkwy
		San Antonio, TX 78256
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		order checks
		order erreside
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/21/2023	Harris County Democratic Party
	Amount (\$)	
	\$5,000.00	4619 Lyons
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		rable sponsor for 33 diffici
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/64 Rpt: 48/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	11/27/2023	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	4619 Lyons
		Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		candidate filing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/06/2023	Hearsay on the Green
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.65	1515 Dallas St
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/30/2023	Houston Airport System
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.60	2800 N Terminal Rd
		Houston, TX 77032
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense airport parking
		an port parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/64 Rpt: 49/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	09/08/2023	Houston GLBT Political Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 66664
		Heusten TV 77200
Ļ		Houston, TX 77266
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event table sponsor
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	
	09/05/2023	Payee name Houston Lawyers Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$83.00	po box 300009
		Houston, TX 77230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2023	Houston Livestock Show and Rodeo Black Heritage Commitee
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	3 NRG Park
		Houston, TX 77054
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gala table sponsor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
-		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/64 Rpt: 50/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/07/2023	Impact Houston District B Winter Wonderland
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	unknown
		Houston, TX 77028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to childrens toy drive community event
_	0 1: 0 11 1 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2023	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.93	14221 E Sam Houston Pkwy N
		Houston, TX 77044
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
		onice supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/05/2023	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.53	14221 E Sam Houston Pkwy N
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Court spacks
		court snacks
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/64 Rpt: 51/88	Phillips, Fredericka M. (The Honorable)		00066411
4	Date	5 Payee name		•
	10/19/2023	Lawless		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$20.40	909 Texas		
		Houston, TX 77002		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				valet parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held
	experiantare to benefit of or	'		
	Date	Payee name		
	07/12/2023	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$50.10	675 Ponce De Leon Ave NE		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				campaign email service
	Complete ONLY if direct	Condidate/Officeholder regree	a. la t	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sould	gnı	Office held
	Date	Payee name		
	08/14/2023	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$50.10	675 Ponce De Leon Ave NE		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense email service
				CITIQII SCIVICE
	Complete ONLV if direct	Candidate/Officeholder name Office sou	ah+	Office held
	Complete ONLY if direct expenditure to benefit C/OH		yııı	Office field

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 28/64 Rpt: 52/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	09/09/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$50.10	675 Ponce De Leon Ave NE
l		
l		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		email service
Ļ	Complete ONLY if direct	Condidate/Office holder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	· 	
l	Date	Payee name
L	10/11/2023	Mailchimp
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$50.10	675 Ponce De Leon Ave NE
l		
L		Atlanta, GA 30308
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		email service
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	11/13/2023	Mailchimp
┢	Amount (\$)	Payee address; City; State; Zip Code
l	\$50.10	675 Ponce De Leon Ave NE
		Atlanta, GA 30308
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		email service
dash	Operation ON IV II II	Operation (Office health and a second
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/64 Rpt: 53/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/11/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave NE
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email service
		email service
<u>_</u>	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	10/08/2023	Marcos Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.76	12712 W Lake Houston Pkwy
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food sponsor for community event
		lood sponsor for community event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/06/2023	Marriott Marquis
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	1777 Walker Ave
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		breakfast at judicial conference
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/64 Rpt: 54/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	09/06/2023	Marriott Marquis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.00	1777 Walker Ave
		Houston, TX 77010
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		valet parking
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2023	Oak Forest Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	403 Yale Oaks Ln
		Houston, TX 77091
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsor
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/28/2023	Oak Forest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	403 Yale Oaks Ln
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Event Sponsor
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	me provided by Tayas E	hice Commission www.athics state ty us Varsion V3 5 1 0hfcfh67

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/64 Rpt: 55/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	10/18/2023	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.71	3443 Kirby
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	09/01/2023	Pappadeaux Seafood Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$273.12	1001 Avenida de las Americas
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense court staff lunch
		Court Stail Million
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/18/2023	Piryx Inc d/b/a Rally.org
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.28	995 Market St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense online donation processing fee
		Offilite doffation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction (Guide explains how to cor	nple	ete this form.		
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 32/64 Rpt: 56/88	Phillips, Fredericka M. (Th	e Honorable)			00066411	
4	Date	Payee name			•		
	07/18/2023	Piryx Inc d/b/a Rally.org					
6	Amount (\$)	Payee address; City;	State; Zip Coo	de			
	\$20.05	995 Market St					
		San Francisco, CA 94103					
8	PURPOSE	Category (See Categories listed at	the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees	tale top of this solicular,		Check if travel outsi		
	EXPENDITURE				Check if Austin, TX,		
					online donation	processing 1	ree
Ļ							
9	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office souç	ght		Office h	eld
	Date	Payee name					
	07/21/2023	Piryx Inc d/b/a Rally.org					
	Amount (\$)	Payee address; City;	State; Zip Co	de			
	\$39.80	995 Market St					
		San Francisco, CA 94103					
	PURPOSE	Category (See Categories listed at	the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees			Check if travel outsi		
					Check if Austin, TX, online donation		
					ornine doridation [processing	
	Complete ONLY if direct	andidate/Officeholder name	Office sout	aht		Office he	eld
	expenditure to benefit C/O		S	,			
	Date	Payee name					
	07/21/2023	Piryx Inc d/b/a Rally.org					
	Amount (\$)	Payee address; City;	State; Zip Coo	do			
	\$197.80	995 Market St	State, Zip Cot	Je			
	Ψ137.00	333 Market St					
		San Francisco CA 04102					
		San Francisco, CA 94103					
	PURPOSE OF	, -	the top of this schedule)	(b)	Description Check if travel outside	do of Toyas Com	inloto Schodulo T
	EXPENDITURE	Fees			Check if Austin, TX,		
					online donation		
	Complete ONLY if direct	andidate/Officeholder name	Office soug	ght		Office he	eld
	expenditure to benefit C/O						
1							

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/64 Rpt: 57/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	07/21/2023	Piryx Inc d/b/a Rally.org
6	Amount (\$)	7 Payee address; City; State; Zip Code 995 Market St
	\$39.80	995 Market St
		San Francisco, CA 94103
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (D) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		online donation processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/22/2023	Piryx Inc d/b/a Rally.org
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.30	995 Market St
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online donation processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2023	Piryx Inc d/b/a Rally.org
	Amount (\$) \$79.30	Payee address; City; State; Zip Code 995 Market St
	Ψ13.50	333 Warket St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense online donation processing fee
		Online donation processing ree
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/F Credit Card Payment	OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 34/64 Rpt: 58/	
4 Date	5 Payee name
07/26/2023	Piryx Inc d/b/a Rally.org
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$20.	995 Market St
	San Francisco, CA 94103
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	online donation processing fee
	offiline dortation processing rec
9 Complete ONLY if dire	ct Candidate/Officeholder name Office sought Office held
expenditure to benefit	
Date	Payee name
07/26/2023	Piryx Inc d/b/a Rally.org
Amount (\$)	Payee address; City; State; Zip Code
\$20.	995 Market St
	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense online donation processing fee
	offillite doffation processing fee
Complete ONLY if dire	ct Candidate/Officeholder name Office sought Office held
Complete ONLY if dire expenditure to benefit	
Date	Payee name
07/26/2023	Piryx Inc d/b/a Rally.org
Amount (\$)	Payee address; City; State; Zip Code
\$2.	28 995 Market St
	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	online donation processing fee
Complete ONLY if dire	ct Candidate/Officeholder name Office sought Office held
Complete ONLY if dire expenditure to benefit	
,	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete t	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/64 Rpt: 59/88	Phillips, Fredericka M. (The Honorable)	00066411
4	Date	5 Payee name	
	07/27/2023	Piryx Inc d/b/a Rally.org	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.05	995 Market St	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense line donation processing fee
		011	mile donation processing ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/O		Office field
_	Data		
	Date	Payee name	
	08/15/2023	Piryx Inc d/b/a Rally.org	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.28	995 Market St	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		,	Check if Austin, TX, officeholder living expense lline donation processing fee
		011	lime donation processing ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data		
	Date	Payee name	
	10/17/2023	Piryx Inc d/b/a Rally.org	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.30	995 Market St	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense line donation processing fee
		On On	lille donation processing ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/64 Rpt: 60/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	10/20/2023	Piryx Inc d/b/a Rally.org
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.05	995 Market St
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online donation processing fee
		offiline doffation processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	10/27/2023	Piryx Inc d/b/a Rally.org
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.80	995 Market St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online donation processing fee
		offiline doffation processing fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Dete	
	Date	Payee name
	10/27/2023	Piryx Inc d/b/a Rally.org
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.05	995 Market St
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online donation processing fee
		offiline doffation processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/64 Rpt: 61/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	10/26/2023	PostNet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.50	12712 W Lake Houston Pkwy
		Houston, TX 77044
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		stamps
		Claimpo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	
	Date 10/14/2023	Payee name Drint N Sign
		Print N Sign
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,626.37	7350 Harwin Dr
		Ste 316A
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign signs and materials
		Sampaign Signe sais materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Davos nama
	07/31/2023	Payee name RL Chicago
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.11	115 E Chicago Ave
		Chicago, IL 60611
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		dinner at judges conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/64 Rpt: 62/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	08/01/2023	Ritz Carlton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,253.85	160 E Pearson
		Chicago, IL 60611
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		hotel for civil judges conference
		noter for each judged connection
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/05/2023	Shipley's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$23.97	14555 W Lake Houston Pkwy
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign volunteers meal
		campaign volunteers mear
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/16/2023	Shipley's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$21.98	14555 W Lake Houston Pkwy
		,
		Houston, TX 77044
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		donuts for judges
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	-	3 Filer ID (Ethics Commission Filers)
	Sch: 39/64 Rpt: 63/88	Phillips, Fredericka M. (The Honorable)	00066411
4	Date	5 Payee name	
	09/19/2023	Shipley's	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е
	\$35.47	14555 W Lake Houston Pkwy	
L		Houston, TX 77044	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			jury meal
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	10/08/2023	Shipley's	
	Amount (\$)	Payee address; City; State; Zip Cod	е
	\$22.98	14555 W Lake Houston Pkwy	
		Houston, TX 77044	
	PURPOSE OF	,	b) Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			campaign meal
	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
	expenditure to benefit C/OH	1	
	Date	Payee name	
	10/10/2023	Shipley's	
	Amount (\$)	Payee address; City; State; Zip Cod	е
	\$35.47	14555 W Lake Houston Pkwy	
		Houston, TX 77044	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense jury meal
			Janyad
	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
	expenditure to benefit C/O	•	

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis	sion Filers)
	Sch: 40/64 Rpt: 64/88	Phillips, Fredericka M. (The Honorable) 00066411	
4	Date	5 Payee name	
	10/13/2023	Shipley's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$63.08	14555 W Lake Houston Pkwy	
		Houston, TX 77044	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		jury and staff meal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_			
	Date	Payee name	
	11/08/2023	Shipley's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.24	14555 W Lake Houston Pkwy	
		Houston, TX 77044	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense jury and staff meal	
		july and stan mea	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Pause name	
	11/13/2023	Payee name Shipley's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.24	14555 W Lake Houston Pkwy	
		Houston, TX 77044	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		jury and staff meal	
		july and stan mod	
\vdash			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Legal Services	emorials Expense tion Guide expla		Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
Ļ	-			Calac expla		p.	+	_	F1	/Edition 2	- F1 1
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission	on Filers)
	Sch: 41/64 Rpt: 65/88	Ph	llips, Fredericka M	. (The Honora	ble)				00066411		
4	Date	5 Pay	ee name								
L	12/12/2023	Sh	pley's								
6	Amount (\$)	7 Pay	vee address; City	; St	ate; Zip Co	de					
	\$58.24	14	555 W Lake Housto	n Pkwy							
		Нο	uston, TX 77044								
8	PURPOSE					(h)	Description				
١	OF		egory (See Categories I		s schedule)	(5)		nutsio	de of Texas Com	plete Schedule T.	
	EXPENDITURE	F0(od/Beverage Expe	126					officeholder living		
							jury and staff				
							=				
9	Complete ONLY if direct	Can	lidate/Officeholder na	ıme	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI			-		J					
\vdash	Date	Des	/oo namo								
	09/27/2023	-	ree name Mary's of the Purifi	cation Church							
						_					
	Amount (\$)		vee address; City	; St	ate; Zip Co	de					
	\$150.00	300	06 Rosedale								
		Но	uston, TX 77004								
	PURPOSE	(a) Cat	egory (See Categories I	sted at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		vertising Expense							plete Schedule T.	
	LAI LINDITUIL						—		officeholder living	gexpense	
							Ad for festival	br	ochure		
	Complete ONLY if direct expenditure to benefit C/OI		lidate/Officeholder na	ıme	Office sou	ght			Office he	eld	
	Date	-	vee name								
	09/27/2023	St	Mary's of the Purifi	cation Church							
	Amount (\$)	Pay	vee address; City	; St	ate; Zip Co	de					
	\$550.00	300	06 Rosedale								
		Но	uston, TX 77004								
	PURPOSE		egory (See Categories I	stad at the ten of this	s cohodulo)	(b)	Description				
	OF		ent Expense	σισα αι απ ο το ρ οι (ΠΙ	o ou reduie)	``,		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	_,					Check if Austin,	TX,	officeholder living	g expense	
							Booth at festiv	val			
	Complete ONLY if direct		lidate/Officeholder na	ıme	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	ł									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/64 Rpt: 66/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
L	10/11/2023	Tacos A Go Go
6	Amount (\$) \$195.72	7 Payee address; City; State; Zip Code 3704 Main St Houston, TX 77002
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense jury and court staff meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	11/09/2023	Tacos A Go Go
	Amount (\$) \$186.92	Payee address; City; State; Zip Code 3704 Main St
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense jury and court staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/14/2023	Payee name Tacos A Go Go
	Amount (\$) \$193.50	Payee address; City; State; Zip Code 3704 Main St
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense jury and court staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 43/64 Rpt: 67/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	08/10/2023	Texas Democratic Party
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2023	Texas Gulf Coast Area Labor Foundation AFL-CIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2506 Sutherland
		Houston, TX 77023
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2023	The Bakers Man
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.19	3622 Main St
		Ste B2
		Houston, TX 77002
_	PURPOSE	I ma
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		jury and court staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete th	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/64 Rpt: 68/88	Phillips, Fredericka M. (The Honorable)	00066411
4	Date	5 Payee name	
	07/31/2023	The Downtown Group	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	unknown	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		I — I —	ole sponsor for luncheon
			vio operiori ici icineniori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		5.1105.1101
H	Date	Payee name	
	10/01/2023	The Post Oak Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	1600 W Loop S	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3333.1.2334.3	
		Houston, TX 77027	
_	PURPOSE		opintion
	OF		SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		vale	et parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to belieff of of		
	Date	Payee name	
	12/09/2023	The Ritz Carlton	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	160 East Pearson St	
		Chicago, TX 60611	
	PURPOSE	, , , , , , , , , , , , , , , , , , , ,	scription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense or rata share for civil judges conference food
			verage hospitality suite
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	mple	te this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 45/64 Rpt: 69/88	Phillips, Fredericka M. (The Honorable)		00066411	
4	Date	5 Payee name			
	08/22/2023	The UPS Store			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de		
	\$7.47	14237 E Sam Houston Pkwy N			
		Houston, TX 77044			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Comp	
				Check if Austin, TX, officeholder living COPIES	expense
				000.00	
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	aht	Office he	eld
	expenditure to benefit C/O		J		
_	Date	Payee name			
	10/16/2023	The UPS Store			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$99.05	14237 E Sam Houston Pkwy N			
		,			
		Houston, TX 77044			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Comp	plete Schedule T.
	EXPENDITORE	· .		Check if Austin, TX, officeholder living	expense
				copy campaign materials	
	Complete ONLY if direct	Candidate/Officeholder name Office souc	aht	Office he	ald.
	Complete ONLY if direct expenditure to benefit C/OH		gni	Office fie	iiu
_	Date	Davisa sama			
	11/20/2023	Payee name The UPS Store			
		Payee address; City; State; Zip Coo	do		
	Amount (\$) \$138.00	14237 E Sam Houston Pkwy N	ue		
	Ψ130.00	14237 E Sam Floustoff F Kwy N			
		Houston, TX 77044			
	DUDDOCE		/b\		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Comp	olete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living	
				notary fee for petitions	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office souç	ght	Office he	eld
	CAPERIOLORE TO DETIRIT C/OF				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 46/64 Rpt: 70/88	Phillips, Fredericka M. (The Honorable)	00066411				
4	Date	5 Payee name					
	09/28/2023	The Warwick					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$182.12	5888 Westheimer Rd					
		Houston, TX 77057					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on				
	OF EXPENDITURE	Food/Beverage Expense	travel outside of Texas. Complete Schedule T.				
		☐ Check if. campaigi	Austin, TX, officeholder living expense				
		Campaigi	ii event				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
ľ	expenditure to benefit C/O		0.1100				
_	Date	Payee name					
	07/21/2023	Tiffs Treats					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$63.66	3800 Southwest Frwy					
	Ψ00.00	3000 Southwest Fiwy					
	!	Hauston TV 77027					
		Houston, TX 77027					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	1 000/Develage Expense	Austin, TX, officeholder living expense				
	!	Staff sna					
	!						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O						
Г	Date	Payee name					
	09/01/2023	Tiffs Treats					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$55.85	3800 Southwest Frwy					
	!						
	!	Houston, TX 77027					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on				
	OF EXPENDITURE	Food/Beverage Expense	travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if	Austin, TX, officeholder living expense				
	!	court stat	ff snack				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide exp	lains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 F	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 47/64 Rpt: 71/88	F	Phillips, Fredericka M. (The Honor	rable)			00066411	
4	Date	5 F	Payee name					
	09/29/2023	1	Tiffs Treats					
6	Amount (\$)	7 F	Payee address; City;	State; Zip Co	de			
	\$52.63	3	3800 Southwest Frwy					
		H	Houston, TX 77027					
8	PURPOSE	(a) (Category (See Categories listed at the top of t	his schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense	ŕ		Check if travel outside		
	EXI ENDITORE					Check if Austin, TX,	officeholder living	g expense
						Court Stair mear		
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	aht		Office he	ald
	expenditure to benefit C/Ol		andidate/Oniceholder hame	Office Sou	grit		Office file	aiu .
_	Data	Τ.	2					
	Date 10/13/2023	1	Payee name Fiffs Treats					
		-		Otata 71- 0-				
	Amount (\$)	1	• • • • • • • • • • • • • • • • • • • •	State; Zip Co	ae			
	\$82.79	`	3800 Southwest Frwy					
		Ι.						
		'	Houston, TX 77027					
	PURPOSE OF		Category (See Categories listed at the top of t	his schedule)	(b)	Description		
	EXPENDITURE	F	Food/Beverage Expense			Check if travel outsion Check if Austin, TX,		
						jury and staff sna		, - ,
	Complete ONLY if direct	Ca	andidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/O	Н						
	Date	F	Payee name					
	11/14/2023	1	Fiffs Treats					
	Amount (\$)	F	Payee address; City;	State; Zip Co	de			
	\$82.79	1	3800 Southwest Frwy	·				
		+	Houston, TX 77027					
	PURPOSE	(a) (Category (See Categories listed at the top of t	his sahadula)	(b)	Description		
	OF		Food/Beverage Expense	nis scriedule)	(~)	Check if travel outside	le of Texas. Com	plete Schedule T.
	EXPENDITURE	'				Check if Austin, TX,		g expense
						jury and staff sna	acks	
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeholder name	Office sou	ght		Office he	eld
	experientare to benefit 6/01							

SCHEDULE F1

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/64 Rpt: 72/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/12/2023	Tiffs Treats
6	Amount (\$) \$68.49	7 Payee address; City; State; Zip Code 3800 Southwest Frwy Houston, TX 77027
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense jury and staff treats
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/22/2023	Tiffs Treats
	Amount (\$) \$83.41	Payee address; City; State; Zip Code 3800 Southwest Frwy
		Houston, TX 77027
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense court staff meal
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 07/17/2023	Payee name US Post Office
	Amount (\$) \$61.00	Payee address; City; State; Zip Code 7205 Almeda
		Houston, TX 77054
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign post office box renewal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>		<u> </u>	_
1	Total pages Schedule F1:		
L	Sch: 49/64 Rpt: 73/88	Phillips, Fredericka M. (The Honorable) 00066411	
4	Date	5 Payee name	
	10/16/2023	US Post Office	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$61.00	7205 Almeda	
		Houston, TX 77054	
8	PURPOSE		_
o	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		post office box renewal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
\vdash	Date	Davos nama	=
	07/19/2023	Payee name	
		USPS	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.80	1500 Hadley	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		stamps	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	08/11/2023	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	\neg
	\$19.80	1500 Hadley	
		Houston, TX 77002	
	PURPOSE		4
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense	
		stamps	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	7
	expenditure to benefit C/OH		
			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 50/64 Rpt: 74/88	Phillips, Fredericka M. (The Honorable) 00066411	
4	Date	5 Payee name	
	07/30/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$92.16	1455 Market St	
		San Francisco, CA 94103	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Travel from airport to hotel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	07/30/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.78	1455 Market St	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		travel to event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit evol		
	Date	Payee name	
	08/01/2023	Uber	
	Amount (\$) \$82.51	Payee address; City; State; Zip Code 1455 Market St	
	Ψ02.31	1433 IMAINEL SL	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LAPENDITORE	Check if Austin, TX, officeholder living expense travel to airport	
		ιι ανεί το απροίτ	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1: Sch: 51/64 Rpt: 75/88	FILER NAME Phillips, Fredericka M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066411
4	Date 08/07/2023	5 Payee name Uber	
6	Amount (\$) \$24.55	7 Payee address; City; State; Zip Code 1455 Market St	
8	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel to event
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 10/19/2023	Payee name Uber	
	Amount (\$) \$38.77	Payee address; City; State; Zip Code 1455 Market St San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel to events
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/01/2023	Payee name Uber	
	Amount (\$) \$35.72	Payee address; City; State; Zip Code 1455 Market St	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel to event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	. •	2 FILER NAME Phillips, Fredericka M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066411
4	Sch: 52/64 Rpt: 76/88 Date	5 Payee name
6	12/01/2023 Amount (\$)	Uber 7 Payee address; City; State; Zip Code
	\$37.58	1455 Market St
L		San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel to event
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/06/2023	Payee name Uber
	Amount (\$) \$24.12	Payee address; City; State; Zip Code 1455 Market St
L		San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel to event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/06/2023	Payee name Uber
	Amount (\$) \$18.30	Payee address; City; State; Zip Code 1455 Market St
		San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense travel to event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/64 Rpt: 77/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/14/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.61	1455 Market St
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel to event
		li avei to event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	12/14/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.30	1455 Market St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel to event
		li avei to event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	12/14/2023	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.23	1455 Market St
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		travel to event
		uaver to event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/64 Rpt: 78/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/15/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.92	1455 Market St
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel to event
		tiaver to event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	07/24/2023	United Airlines
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$56.90	233 S Wacker Dr
	Ψ30.30	Ste 430
		Chicago, IL 60606
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Seat change fee - travel for judicial conference
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	₹
F	Date	Payee name
	07/29/2023	United Airlines
H	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	233 S Wacker Dr
		Ste 430
		Chicago, IL 60606
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Baggage fee - travel to judicial conference
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	¬

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/64 Rpt: 79/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	07/26/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$349.94	9235 N Sam Houston Pkwy E
		Humble, TX 77396
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign supplies
		Campaight supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	08/05/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.61	9235 N Sam Houston Pkwy E
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign supplies
		campaign supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 08/22/2023	Payee name Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.15	9235 N Sam Houston Pkwy E
		Humble, TX 77396
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Drinks and paper goods for Area 5 Dems potluck
		Diffice and paper goods for Area 3 Defins politick
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/64 Rpt: 80/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	10/08/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$247.61	9235 N Sam Houston Pkwy E
		Humble, TX 77396
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign supplies
		Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davisa nama
	10/08/2023	Payee name Walmart
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.20	9235 N Sam Houston Pkwy E
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		jury room snacks
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	10/21/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.56	9235 N Sam Houston Pkwy E
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign supplies for festival booth
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 57/64 Rpt: 81/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date 08/01/2023	5 Payee name Wildberry Pancakes & Cafe
6	Amount (\$) \$32.82	7 Payee address; City; State; Zip Code 130 E Randolph St Chicago, IL 60611
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast at judges conference
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/13/2023	Payee name paypal
	Amount (\$) \$72.74	Payee address; City; State; Zip Code 2221 North First St San Jose, CA 95131
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online donation processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/14/2023	Payee name paypal
	Amount (\$) \$4.83	Payee address; City; State; Zip Code 2221 North First St
		San Jose, CA 95131
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense online donation processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 58/64 Rpt: 82/88	Phillips, Fredericka M. (The Honorable)	00066411
4 Date	5 Payee name	
07/25/2023	paypal	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$14.94	2221 North First St	
	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online donation processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ght Office held
expenditure to benefit C/O	4	
Date	Payee name	
07/26/2023	paypal	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$14.94	2221 North First St	
	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		online donation processing fee
Complete ONLY if direct	Candidate/Officeholder name Office souc	ght Office held
expenditure to benefit C/O		Jiit Office field
Date	Davisa nama	
07/26/2023	Payee name paypal	
Amount (\$) \$7.72	Payee address; City; State; Zip Coo 2221 North First St	Je
\$1.12	ZZZI NOITH FIIST ST	
	San Jaco CA 0F121	
	San Jose, CA 95131	
PURPOSE OF	,	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		online donation processing fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ght Office held
expenditure to benefit C/O	1	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 59/64 Rpt: 83/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	08/01/2023	paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.83	2221 North First St
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online donation processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/31/2023	paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.39	2221 North First St
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		online donation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Development
	Date 09/15/2023	Payee name paypal
	Amount (\$) \$72.74	Payee address; City; State; Zip Code 2221 North First St
	Φ12.14	ZZZI NOILII FIISL SL
		Can Jane 04 05404
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		online donation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 60/64 Rpt: 84/88	Phillips, Fredericka M. (The Honorable) 00066411	
4	Date 10/02/2023	5 Payee name paypal	
_		7 Payee address; City; State; Zip Code	
6	Amount (\$) \$144.99	2221 North First St	
	Ψ1-1-1.00	2221 (1010) 1 1130 30	
		San Jose, CA 95131	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense online donation processing fee	
		S.m. S.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	ł	
	Date	Payee name	
	10/03/2023	paypal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.94	2221 North First St	
		San Jose, CA 95131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		online donation processing fee	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experience to benefit ever		
	Date	Payee name	
	10/07/2023	paypal	
	Amount (\$) \$58.29	Payee address; City; State; Zip Code 2221 North First St	
	\$58.29	ZZZI NOITH FIIST ST	
		San Jose, CA 95131	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		online donation processing fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/64 Rpt: 85/88	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	10/18/2023	paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.99	2221 North First St
		San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online donation processing fee
		online derivation processing les
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies same
	10/19/2023	Payee name
		paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.39	2221 North First St
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online donation processing fee
		offiline doffation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/21/2023	paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.72	2221 North First St
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		online donation processing fee
	Complete ONLY if direct	Condidate/Office helder name Office accords
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card i dyment	The Instruction Guide explains how to complete this	form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
l	Sch: 62/64 Rpt: 86/88	Phillips, Fredericka M. (The Honorable)	00066411	
4	Date	5 Payee name	•	
l	10/24/2023	paypal		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
l	\$29.39	2221 North First St		
l				
l		San Jose, CA 95131		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription	
l	OF EXPENDITURE	Fees	eck if travel outside of Texas. Complete Schedule T.	
l			eck if Austin, TX, officeholder living expense e donation processing fee	
l		Offilia	e donation processing rec	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Cine nela	
⊨	Date	Payee name		
l	10/27/2023	paypal		
⊢	Amount (\$)	Payee address; City; State; Zip Code		
l	\$29.39	2221 North First St		
l	Ψ20.00	LLLI Notth Hot of		
		San Jose, CA 95131		
┝	PURPOSE	(1)	intion	
l	OF	· · · · · · · · · · · · · · · · · · ·	eck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		eck if Austin, TX, officeholder living expense	
l		online	e donation processing fee	
L				
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held	
┡				
l	Date	Payee name		
L	10/30/2023	paypal		
l	Amount (\$)	Payee address; City; State; Zip Code		
l	\$14.94	2221 North First St		
l				
		San Jose, CA 95131		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription eck if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	1 CC3	eck if dustin, TX, officeholder living expense	
l			e donation processing fee	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	1		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)		
l	Sch: 63/64 Rpt: 87/88	Phillips, Fredericka M. (The Honorable) 00066411			
4	Date	5 Payee name			
l	10/30/2023	paypal			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$7.72	2221 North First St			
l					
l		San Jose, CA 95131			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITORE	Check if Austin, TX, officeholder living expense			
l		online donation processing fee			
Ļ	Complete ONLY if direct	Condidate/Office helder no rec			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
⊨	· 				
l	Date	Payee name			
L	10/30/2023	paypal			
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$4.83	2221 North First St			
L		San Jose, CA 95131			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
l		online donation processing fee			
l					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
l	expenditure to benefit C/OI				
F	Date	Payee name			
l	10/30/2023	paypal			
\vdash	Amount (\$)	Payee address; City; State; Zip Code			
l	\$22.17	2221 North First St			
l		San Jose, CA 95131			
┝	PURPOSE				
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Check if Austin, TX, officeholder living expense			
l		online donation processing fee			
L					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
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SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 64/64 Rpt: 88/88	Phillips, Fredericka M. (The Honorable)	00066411
4	Date	5 Payee name	
_	10/30/2023	paypal	
6	Amount (\$) \$29.39	7 Payee address; City; State; Zip Code 2221 North First St	
	Ψ23.03	ZZZI NORIT IISCOC	
		San Jose, CA 95131	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDII OKL	L	Check if Austin, TX, officeholder living expense
			Simile donation processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/30/2023	paypal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.83	2221 North First St	
		San Jose, CA 95131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			online donation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Cince held
	Date	Payee name	
	12/28/2023	paypal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$144.99	2221 North First St	
		San Jose, CA 95131	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees L	Check if Austin, TX, officeholder living expense
			online donation processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held