

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |   |  |                    |                     |
|--|---|---|---|--|--------------------|---------------------|
| The C/OH Instruction Guide explains how to complete this form. |   |   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:   |                    |                     |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                          | MS / MRS / MR<br><i>Mr.</i>   | FIRST<br><i>Bobby</i>                       | MI<br><i>D</i>  | OFFICE USE ONLY  |                    |                     |
|  | NICKNAME<br><i>Phillips</i>   | LAST  | SUFFIX  | Date Received<br><b>FILE FOR RECORD</b>  |                    |                     |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS            | ADDRESS / PO BOX;<br><i>3975 V2 CR 3702</i>   | APT / SUITE #;<br><i>Edgewood, TX 75117</i> | CITY;   | STATE; ZIP CODE  |                    |                     |
| <input type="checkbox"/> Change of Address                     |   |   |   |  |                    |                     |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                          | AREA CODE<br>( <i>  </i>   <i>  </i> )  | PHONE NUMBER<br><i>  </i>                   | EXTENSION   |  |                    |                     |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                | MS / MRS / MR<br><i>Mrs.</i>  | FIRST<br><i>Janice</i>                      | MI<br><i>A</i>  | Receipt #   Amount \$  |                    |                     |
|  | NICKNAME<br><i>Wingo</i>  | LAST  | SUFFIX  | Date Processed   |                    |                     |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br><i>3975 V2 CR 3702</i>   |   |   | CITY;<br><i>Edgewood, TX 75117</i>   |                    |                     |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                               | AREA CODE<br>( <i>  </i>   <i>  </i> )  | PHONE NUMBER<br><i>  </i>                   | EXTENSION   |  |                    |                     |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15  |   | <input type="checkbox"/> 30th day before election   | <input type="checkbox"/> Runoff  |                    |                     |
|  | <input type="checkbox"/> July 15  |   | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> 15th day after campaign<br>treasurer appointment<br>(Officeholder Only) |                    |                     |
|  |   |   | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit   | <input type="checkbox"/> Final Report (Attach C/OH - FR)   |                    |                     |
| 10 PERIOD<br>COVERED   | Month<br><i>07</i>  | Day<br><i>/01/</i>                          | Year<br><i>2025</i>   | Month<br><i>12</i>   | Day<br><i>/31/</i> | Year<br><i>2025</i> |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><i>/ /</i>   |   | ELECTION TYPE<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> Special<br><input type="checkbox"/> Other<br>Description |  |                    |                     |
| 12 OFFICE  | OFFICE HELD (if any)<br><i>Van Zandt County<br/>Commissioner, Precinct 3</i>  |   |   | 13 OFFICE SOUGHT (if known)  |                    |                     |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                    | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |   |   |  |                    |                     |
| <input type="checkbox"/> Additional Pages                      | COMMITTEE TYPE  | COMMITTEE NAME                              |   |  |                    |                     |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                           |   |  |                    |                     |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME           |   |  |                    |                     |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS        |   |  |                    |                     |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Bobby D. Phillips

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

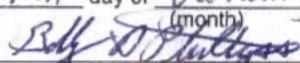
OR

(2) Unsworn Declaration

My name is Bobby D. Phillips, and my date of birth is 09/03/1960.

My address is 3975 VZ CR 3702, Edgewood, TX, 75117.  
(street) (city) (state) (zip code) (country)

Executed in Van Zandt County, State of Texas, on the 10th day of January, 20 26.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|  |   |
|--|---|
| <b>19</b> FILER NAME   | <b>20</b> Filer ID (Ethics Commission Filers) |
| Bobby D Phillips   |   |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT                            |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                            | \$  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 | \$  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            | \$  |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           | \$  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER | \$  |



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name  
**Bobby D Phillips**

Filer ID #

|  |           |
|--|-----------|
| OFFICE USE ONLY  |           |
| FILE FOR RECORD  |           |
| JAN 14 2026  |           |
| SUSAN STRICKLAND<br>COUNTY CLERK VAN ZANDT COUNTY<br>BY <i>[Signature]</i> DEP |           |
| Date Hand-delivered or Date Postmarked   |           |
| Receipt #  | Amount \$ |
| Date Processed   |           |
| Date Imaged  |           |

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bobby D. Phillips, and my date of birth is 09/03/1960.  
My address is 3915 VZ CR 3702, Edgewood, TX, 75117, USA.  
Executed in Van Zandt County, State of Texas, on the 10th day of January, 20 26.  
(month) (year)

*Bobby D Phillips*

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**