CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mrs	FIRST Rae	MI L	OFFICE USE ONLY
NAME	NICKNAME	LAST Phillips	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 450 Town Creek Rd/Po Box 1256, Coldspring, Texas 77331			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(936)	433-0026		Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST Pete	MI	Date Processed
	NICKNAME	LAST Phillips	SUFF X	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE): APT / SU reek rd, Coldspring,		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(936)	433-0027	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 23	Month THROUGH 12	Day Year / 31 / 23
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (f known) SJC Precinct Or	
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KE				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		45.00
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Rae Lynn Phillips		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 784.17			
	4. TOTAL POLITICAL EXPENDITURES	\$ 784.17			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 0.00			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	·				
	Signature of Ca	andidate or Officeholder			
	Please complete either option below	v:			
(1) Affidavit					
NOTARY STAMP/SEAL					
Swom to and subscribed		day of			
	which, witness my hand and seal of office.				
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaration					
My name is Rae Lynn Phillips, and my date of birth is July,08,1972					
My address is 450 Tow					
	(street) (city) (s	state) (zip code) (country)			
Executed in San Jacin	to County, State of Texas, on the 16thday of Januar (mgnth)				
	Signature of Candid	late/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Rae Lynn Phillips			mmissi	on Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.		SCHEDU_EA1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDU_EA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS		\$	0.00	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7::	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	784.17	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00	
114	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains now to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Rae Lynn Phillips		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
09/25/2023	Vistaprint			
6 Amount (\$) 58-54 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Card	s 100 count	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expanditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/25/2023	Vistaprint			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	100 Hayden Ave. Lexington,MA,024	421		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Advertising Expense	Description Tshirts and 2 F	ens	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C ₄ C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/27/2023	Harden enterprise Servives LLC			
Amount (\$) Reimbursement from political contributions intended	Payee address; PO BOX 213,Pointblank,Texas 773	City; 64	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 30 24'x36' sign	s and holders	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	E D	

- All		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANCIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs NICKNAME	FIRST Rae	MI L SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE/	ADDRESS / PO BO	Phillips	CITY: STATE: ZIP CODE	NO O
OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 12	56,Coldspring,Texa	A DE 222	
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	433-0026	EXTENSION	Date Hand-delivered or Date Posmarkes Receipt # Amount
6 CAMFAIGN TREASURER	MS/MRS/MR Mr	FIRST Pete	МІ	
NAME	NICKNAME	LAST Phillips	SUFFIX	Date Processed Date Imaged
7 CAMFAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU reek Rd, Coldspring	'	STATE; ZIP CODE
(Residence or Eusiness)				E
8 CAMPAIGN TREASURER PHONE	(936)	PHONE NUMBER 433-0027	NCISNETXE	
9 REPORTTYPE	January 15 July 15	30th day before el	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year 1 / 24	Reporting _imit Month THROUGH 2	Day Year
11 ELECTION	Month Day	Year Primary	Runof Cther Cescription Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) SJC Preceinct C	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	EHOLUER, INESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		į.
Add tional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Rae Lynn Phillips 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00 TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 0.00**EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. TOTALS \$ 149.90 4. **TOTAL POLITICAL EXPENDITURES** \$ 149.90 CONTRIBUTION 5, TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE \$ 0.00OF REPORTING PERIOD OUTSTANDING 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 0.0018 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 _____ ____, 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 (2) Unsworn Declaration My name is Rae Lynn Phillips and my date of birth is 07/08/1972 My address is 450 Town Creek Rd Coldspring 77331 US (street) (state) (zip code) (country) Executed in San Jacinto County, State of Texas , on the 5th day of February 2024 (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommissi	ion Filers)	
21	11 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4,.	4. SCHEDULE E: LOANS		0.00	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0.00	
7,0	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00	
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNCS		149.90	
10.	SCHEDULE H; PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00	
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimburserrent Office Overhead/Rental Experise Accounting/Banking Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Legal Services Salaries/Wages/Contract Labor Crecit Card Pazment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Rae Lynn Phillips 4 Date 5 Payee name 01/05/2024 Vistaprint 6 Amount (\$) 7 Payee address: City State: Zip Code 107.75 100 Hayden Ave., Lexington, MA 02421 Reimbursement from political contributions intend≞d 8 (a) Category (See Calegories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense 30 Bumper Stickers EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Pavee паme 01/10/2024 H.E.B. Amount (3) Payee address; City; 42.15 State: Zip Code 12350 IH 45 N, Willis, Texas 77378 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Meet the Candidate Supplies: Plates, Napkins, meat **EXPENDITURE** tray, cookies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete CNLY if direct Office sought Office held expenditure to benefit C/OH Payee name Amount (€) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Iravel outside of Texas Complete Schedule T. Check if Austin, TX, afficeholder living expense Candidate / Officeholder name Complete <u>QNLY</u> if direct Office sought Office held expenditure to penefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

	Date Received
	Date Hand-delivered or Date Postmarked
	Receipt # Amount \$
	Date Processed
	Date Imaged
r	tributions or made
9	tributions or made nt records of political as to me.
9	nt records of political
9 0	nt records of political is to me. d no person with whom I

OFFICE USE ONLY

1.	I swear or affirm that I	have not accepted more	than \$32,810 in political	contributions or	made
	more than \$32,810 in p	political expenditures in a	a calendar vear.		

Filer 10 #

- 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.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom
 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 \$32,810 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.
- I am filing this affidavit with the ______ report due on _____ Fe bruary 5 2034 .
 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

Rae Lynn Philtips

NOTARY STAMP/SEAL		Signature of Filer	
Swom to and subscribed before me by	rhand and seal of office.	this the	day of
Signature of officer administering oath	Printed name of officer administering oath	Mar San Jacobs	Title of officer administering oatl
My address is 450 Tow	n Creek Rd Coldspristreet) (city) State of Texas, on the 5th day of the city	ng Tx (state) or February (month)	77331 . US

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

Se	ee CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS/NRS/VIR FIRST MI MS. Rae NICKNAME LAST SUFFIX Phillips	OFFICE USE ONLY Filer ID Date Recovery
3 CANDIDATE MAILING ADDRESS	ADDRESS /PO BOX; APT/SUITE #; CITY: STATE; ZIP CCDE PO BOX 1256 Coldspring TX 77331	APR 0.42 OTHORSON ADMINISTRATION Date Hartis pellotting on Postmarked OTHORSON ADMINISTRATION Date Hartis pellotting on Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 433-0026	Receipt Amount S
5 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGHT (if known)	Constable Precinct One	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME Mr Pete	Phillips
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	street address; apt/suite#, city: 450 Town Creek 2d Coldspring	STATE; ZIP CODE
9 CAMPAIGN TREASURER PHONE	(936) 433-0027	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Text I am aware of my responsibility to file timely reports as the Election Code. I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations. Republic	required by title 15 of
	GO TO PAGE 2	

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

ILLI OKTIIV	O DECEARATION	
11 CANDIDATE NAME	Rae Phillips	
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING	
	➡ This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••	
	•• The modified reporting option is valid for one election cycle only. (An election cycle includes a primary election, a general election, and any related runoffs.)	••
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••	
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.	
	Year of election(s) or election cycle to Signature of Candidate which declaration applies	

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

		1 Total pages filed:
S	ee CTA Instruction Guide for detailed instructions.	, san pages man
2 CANDICATE NAME	MS/MRS, MR FIRST MI MS. Rae L. NICKNAME LAST SUFFIX	OFFICE USE ONLY
3 CANDIDATE MAILING ADDRESS	Phillips ADDRESS , PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE PO BOX 1256 Coldspring TX 7733	APR JACII
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 433-0026	Receipt Amount \$
5 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGHT (if knawn)	Constable Precinct One	
7 CAMPAIGN TREASURER NAME	MSMRS/MR FIRST MI NICKNAME Mr Pete	Phillips
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT/SUITE#: CITY: 450 Town Creek Rd Coldspring	STATE; ZIP CODE
9 CAMPAIGN TREASURER PHONE	(936) 433-0027	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the I am aware of my responsibility to file timely reports the Election Code. I am aware of the restrictions in title 15 of the Election	as required by title 15 of
	from corporations and labor organizations. RacPhilips Signature of Candidate	4-4-23 Date Signed
	GO TO PAGE 2	

		1	ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Guide	explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	Mrs	MRS / MR	FIRST Rae	мі L	OFFICE USE ONLY	
NAME	NIC	KNAME	LAST Phillips	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	PO	BOX 12	x; APT / SUITE #; C 56,Coldspring,Texa	FER 2 8 JACINTO TION ADM		
OFFICEHOLDER PHONE	(9		433-0026	EXTENSION	Date Hand golivered or Date Postmarked	
6 CAMPAIGN TREASURER		MRS / MR	FIRST	MI	Receipt # Amount \$	
NAME	Mr	NAME	Pete	SUFFiX	Date Processed	
			Phillips		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS			(NO PO BOX PLEASE): APT / SU 56, Coldspring, Texas		STATE: ZIP CODE	
(Residence or Business) 8 CAMPAIGN	ARE	CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(9:		433-0027	EVIEWS		
9 REPORT TYPE		January 15	30th day before ele	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
		July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED		Month 2	Day Year 5 / 24	THROUGH 2	Day Year 20 24	
11 ELECTION		ELECTION DA		ELECTION TYPE		
	3	h Day	Year Primary 24 General	Runoff Other Description		
12 OFFICE	OFFI(E HELD (if any)		13 OFFICE SOUGHT (if known) SJC Precinct Or	ne Constable	
14 NOTICE FROM POLITICAL	INEL	BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)		ITTEE TYPE	COMMITTEE NAME			
Additional Pages		GENERAL	COMMITTEE ADDRESS			
		SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
			COMMITTEE CAMPAIGN TREA	SURER ADDRESS	= ,	
			GO TO P	AGE 2		

		OFFICEHOLDE NANCE REPOR				FORM C/OH SHEET PG 2
15 C/OH NAME Rae Lynn Phillips				1	6 Filer ID (Ethio	cs Commission Filers)
17 CONTRIBUTION TOTALS	1,	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00	
	2.	TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF I	LOANS)	\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES			\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			DAY \$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOAN ING PERIOD	S AS OF T	HE \$	0.00
(1) Affidavit NOTARY STAMP/SEAL	-	Please com	plete either option b		idate or Officel	oldei
Sworn to and subscribed	before r	ne by	th	is the	day of	,
20, to certify v	which w	tness my hand and seal of office.				
Signature of officer administer	ring oath	Printed name of o	fficer administering oath		Title of off	icer administering oath
2) Unsworn Declaratio		os.	OR	0.7	7/09/1072	
My address is 450 Tow			, and my date of b	oirth is U	77331	US .
xecuted in San Jacin		(street) County, State of Texas	(city), on the 26 day of F	—' ——— (state	e) (zip code)	(country)
			Signature of	Candidate	/Officeholder (D	eclarant)
rms provided by Texas Eth	ics Com	mission www.e	ethics.state.tx.us			Revised 1/1/2024

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

is filer NA Rae Lyn	1	hillips		20 Filer ID (Ethics Co	mmission	Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				<u> </u>		BTOTAL MOUNT
1.:	SCH	EDULE A1	: MONETARY POLITICAL CONTRIBUTIONS		\$	0.0
2.	SCH	EDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.0
3.	SCH	EDULE B;	PLEDGED CONTRIBUTIONS		\$	0.0
١.	SCH	EDULE E:	LOANS		\$	0.0
8	SCH	EDULE F1	: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	0.0
6	SCH	EDULE F2	UNPAID INCURRED OBLIGATIONS		\$	0.0
	SCH	EDULE F3	: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0.0
	SCH	EDULE F4	EXPENDITURES MADE BY CREDIT CARD	ž:	\$	0.0
	SCHI	EDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DS	\$	0.0
	SCHE	DULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	0.0
	SCHE	DULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	0.0
	SCH	EDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0.0
-,						



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY				
Date Received				
Date Hand-deliv	rered or Date Postmarked			
Receipt #	Amount \$			
Date Processed				
Date Imaged				
	1	_		

Filer name Lynn Phillips

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 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 \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep curren records of political contributions, political expenditures, or persons making political contributions to me.
- I am f ling this affidavit with the ______ report due on _____ February 8, 2024 .
 I understand that this affidavit is required to be filed with each campaign finance report for which I am 5. I am f ling this affidavit with the claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

Swom to and subscribed before me by ____

this the __

, to certify which, witness my hand and seal of office.

Signature of officer administering cath

Printed name of officer administering oath

Title of officer administering onth

(2) Unsworn Declaration

My name is

My address is

and my date of birth is

A County, State of 1 8x a S

Signature of Filer (Declarant

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

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024