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 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Fredericka M. NAME Date Received **ELECTRONICALLY FILED** 01/15/2021 NICKNAME LAST **SUFFIX Phillips** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 301046 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77230 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); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 6161 Savoy Dr. #250 **ADDRESS** (Residence or Business) Houston, TX 77036 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 278-0800 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l 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** 10/25/2020 12/31/2020

Month

ELECTION DATE

District Judge District 61 Harris

Year

Day

OFFICE HELD (if any)

10 ELECTION

11 OFFICE

Primary

General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

Other

Runoff

Special

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Phillips, Fredericka M. (The Honorable) 14 Filer ID 00066411			(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	is accepted or political expenditi is may have been made without required to report this informatio	the candidate's or office	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
_	GENERAL	00141477777	200			
		COMMITTEE ADI	JRE55			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRE	SS		
16 CONTIBUTION TOTALS			CONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		, \$	0.00
		ICAL CONTRIBU		IC)	\$	4,660.00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00	
TOTALS	4. TOTAL POLIT	ICAL EXPENDIT	TIDES			
L	4. TOTAL POLIT	ICAL EXPENDIT	UKES		\$	9,479.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	78,237.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Henere	bla Fraderiaka M. D	موااناه	
				ble Fredericka M. P f Candidate or Officeh		
AFFIX NG						
AFFIX NC	TARY STAMP / SEAL AB	OVE				
				, this the		day
OI	, ∠U, to c	erury which, withess	s my hand and seal of office.			
Cionatium of -ff	ionr administaring anth	Drintod reserve	of officer administration and	Title of offi-	or administs	ing ooth
Signature of offi	cer administering oath	Printed name	of officer administering oath	riue oi offic	er administer	ing valli

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVER SHEET	3 of 22
18 FIL		ME redericka M. (The Honorable)	19 Filer ID 00066411	(Ethics Commission	ı Filers)
20 SCI NAI	HEDULI ME OF	SUBTOTAL A	MOUNT		
1.	X	\$	4,660.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	9,479.90
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.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains he	1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/22		
2	FILER NAME	ILER NAME			3 Filer ID (Ethics Commission Filers)
	Phillips, Fre	dericka M. (The Honorable)			00066411
4	Date	5 Full name of contributor	7 Amount of Contribution (\$)		
	11/02/2020	Baker Botts Amicus Fu			\$2,500.00
		6 Contributor address; City: Houston, TX 77002	; State; Zip Code		
_	Contributor's	Principal Occupation		9 Contributor's Job Title	
°	Continuators	Principal Occupation		9 Continuator S Job Title	
10) Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12	2 If contributor i	s a child, law firm of parent(s) ((if any)	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/31/2020	Dacey, Derin	—		\$10.00
		Contributor address; City:	; State; Zip Code		···
		Houston, TX 77007			
	Contributor's	Principal Occupation		Contributor's Job Title	
	education	Principal Occupation		Academic Advisor	
		employer/law firm		Law firm of contributor's s	enouse (if any)
	University of			Law iiiii or oonalbator o c	pouse (ii aii))
		s a child, law firm of parent(s) ((if any)		
	ii continuator i	o a orma, raw mm or parom(o) (, i a.i.y)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/31/2020	Fason, Richard	—		\$150.00
		Contributor address; City:	State; Zip Code		·· ·
		Houston, TX 77006			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Patterson B	oyd & Lowry			
	If contributor i	s a child, law firm of parent(s) ((if any)	•	
L					

	MONET	SCHEDULE A	\(J)1			
	The Instru	pages Schedule A(J)1: 2/2 Rpt: 5/22				
2	FILER NAME			3 Filer IC	C (Ethics Commission	n Filers)
	Phillips, Fred	dericka M. (The Honorable)		00066	6411	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amour	nt of Contribution (\$)	
	10/31/2020	Shrader, Justin				\$2,000.00
		6 Contributor address; City; State; Zip Code				
_		Houston, TX 77046	T			
8		Principal Occupation	9 Contributor's Job Title			
	Attorney		Attorney			
10		employer/law firm	11 Law firm of contributor's sp	ouse (if an	y)	
	Shrader & A	s a child, law firm of parent(s) (if any)				

SCHEDULE F1

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

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

Travel In D Travel Out Ontract Labor OTHER (e

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Credit Card Payment					
1 Total pages Schedule F1: 2 F	FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 1/17 Rpt: 6/22 F	Phillips, Fredericka M. (The Honorable)	00066411			
4 Date 5 F	Payee name				
11/17/2020 A	Advantage Communication Consultants				
6 Amount (\$) 7 F	Payee address; City; State; Zip Code				
\$500.00 F	PO Box 131743				
+	Houston, TX 77219				
8 PURPOSE (a) (Category (See Categories listed at the top of this schedule) (b) [Description			
	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.			
LXI ENDITORE	[Check if Austin, TX, officeholder living expense			
		campaign media consulting			
O Commission ONIII V if alive at Co	on didata/Office holder some	Office hold			
9 Complete ONLY if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held			
Date F	Payee name				
l	Amazon				
	Payee address; City; State; Zip Code				
	1516 Second Ave				
Ţ.2.65 I	1010 G000Ha / W0				
	Seattle, WA 98101				
	T				
l 05 (`'`	·	Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense			
	Ī	masks and gloves for court staff			
Complete ONLY if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held			
Data	2				
	Payee name				
	Amazon				
Amount (\$)	Payee address; City; State; Zip Code				
ا ممرحا ا					
\$94.51 1	1516 Second Ave				
	1516 Second Ave				
	Seattle, WA 98101				
PURPOSE (a) C	Seattle, WA 98101	Description Check if travel outside of Texas. Complete Schedule T.			

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

blankets for donation to 501(c)(3) clothing drive

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 o	omplete this for	m.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F
Sch: 2/17 Rpt: 7/22	Phillips, Fredericka M. (The Honorable)		00066411
4 Date	5 Payee name		•
10/29/2020	Andrews, Shanell		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$100.00	201 Caroline		
	Houston, TX 77002		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	on
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check	if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		_	if Austin, TX, officeholder living expense
		Gill to u	leparting court staff
9 Complete ONLY if direct	Candidate/Officeholder name Office so	vuaht	Office held
expenditure to benefit C/O		rugrit	Office field
Data	T -		
Date 10/26/2020	Payee name Bank of America		
		<u> </u>	
Amount (\$)	Payee address; City; State; Zip C	Code	
\$3.00	140 E Louetta		
	Spring, TX 77373		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	
EXPENDITURE	Fees	ı =	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		fee	Tradin, 17, officerolaer living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
11/30/2020	Bed Bath & Beyond		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$108.23	20514 Highway 59 N		
	Humble, TX 77338		
PURPOSE		(b) Descripti	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 ood/Deverage Expense	Check	if Austin, TX, officeholder living expense
		Thermo	s warmers for drinks for polls
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	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 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	te this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 8/22	Phillips, Fredericka M. (The Honorable)	00066411
4	Date	5 Payee name	
	11/19/2020	Brennan's of Houston	
6	Amount (\$) \$163.69	7 Payee address; City; State; Zip Code 3300 Smith Houston, TX 77006	
Ļ	DUDDOOF		
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court staff lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/17/2020	Chang, Jessica	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 201 Caroline	
		Houston, TX 77002	
	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplement holiday gift
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/16/2020	Choir Creations	
	Amount (\$) \$132.00	Payee address; City; State; Zip Code 3804 Poplar St	
		Houston, TX 77087	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense judicial robe
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

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: 4/17 Rpt: 9/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/10/2020	Cooper, Lisa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.00	unknown
		Houston, TX 77002
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 Monogrammed face masks for court staff
		Monogrammed lade masks for court stain
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	11/18/2020	District 7 Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.15	501 Pierce St
		Houston, TX 77002
	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
		lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/17/2020	Espinoza, Brenda
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	201 Caroline
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		court staff gift
	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 -

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

	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: 5/17 Rpt: 10/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	11/02/2020	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.97	1 Facebook Way
		Menlo Park, CA 94025
8	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
		au de la companya de
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	11/19/2020	Flying Saucer Pie Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	436 W Crosstimbers
		Houston, TX 77018
	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 Court staff lunch
		South state fairless
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/26/2020	Frontrunners Strategic Management Services
	Amount (\$)	
	\$300.00	Payee address; City; State; Zip Code PO Box 8176
	φ300.00	FO BOX 6170
		Haveter, TV 77000
		Houston, TX 77288
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		consulting
	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 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: 6/17 Rpt: 11/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	11/03/2020	Frontrunners Strategic Management Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	PO Box 8176
		Houston, TX 77288
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/17/2020	Frontrunners Strategic Management Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 8176
		Houston, TX 77288
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Oi	
	Date	Payee name
	11/10/2020	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	6750 West Loop South
		He stee TV 77404
		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
		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 -

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			Expens Wages	e /Contract Labor		Travel in District Travel Out of Distri OTHER (enter a ca	ct ttegory not listed above)
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
L	Sch: 7/17 Rpt: 12/22		Phillips, Fre	dericka M. (The H	onorable))				00066411	
4	Date	5	Payee name								
L	10/29/2020		HEB								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$45.09		12680 W La	ake Houston							
			Houston, TX	X 77044							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Comple	
	-							Drinks for pol		officeholder living e	xpense
								Drinks for por			
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	<u> </u>	office sou	<u>l</u> ught			Office held	1
Ĺ	expenditure to benefit C/O						-9·11				<u> </u>
	Date		Payee name								
L	12/04/2020		HEB								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$41.70		12680 W La	ake Houston							
			Houston, TX	X 77044							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Event Expe							de of Texas. Comple	
								meeting supp		officeholder living e	хрепъе
								oomig oapp		-	
\vdash	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	<u>l</u> ught			Office held	<u> </u>
	expenditure to benefit C/O						-				
H	Date	Г	Payee name								
	12/14/2020		HEB								
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	ode				
	\$129.89			ake Houston		, ,					
	, — — — — — — — — — — — — — — — — — — —										
			Houston, T	X 77044							
	PURPOSE OF	(a)		ee Categories listed at the to		edule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental Exper	nse			ш		de of Texas. Comple officeholder living e	
								court holiday			лропас
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ught			Office held	<u> </u>
	expenditure to benefit C/OF	Н					-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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	
Ļ		
1	Total pages Schedule F1: Sch: 8/17 Rpt: 13/22	2 FILER NAME Phillips, Fredericka M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066411
4	Date	5 Payee name
	12/30/2020	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.66	12680 W Lake Houston
		Houston, TV 77044
		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 Austin, TX, officeholder living expense
		court coffee supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/26/2020	Iguana Joe's
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.27	18219 W Lake Houston Pkwy N
		Atascocita, TX 77346
	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
		volunteer lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	11/11/2020	Jackson Street BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.75	209 Jackson St
		Houston, TX 77002
\vdash	PURPOSE	I a c
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		court staff lunch
		Source State Factoria
<u> </u>	Complete ONLY if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmano to sonone oron	

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: 9/17 Rpt: 14/22	FILER NAME Phillips, Fredericka M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066411
4	Date 12/17/2020	5 Payee name Jefferson, Tiffany	'
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 201 Caroline	
8	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 gift
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 10/29/2020	Payee name Jimmy John's	
	Amount (\$) \$190.25	Payee address; City; State; Zip Code 9455 N Sam Houston Pkwy E ste 200 Humble, TX 77396	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for polls
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 11/03/2020	Payee name Kroger	
	Amount (\$) \$14.42	Payee address; City; State; Zip Code 14221 E Sam Houston Pkwy N	
		Houston, TX 77044	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Mer Legal Services The Instructi		Sa		ges/C	Contract Labor		Travel Out of OTHER (en		trict category not listed abo	ve)
1	Total pages Schedule F1:	12	FILER NAME							3	Filer ID		(Ethics Commission	on Filers)
	Sch: 10/17 Rpt: 15/22		Phillips, Fre		(The Hono	orable)					0006642	11		•
4	Date	5	Payee name		`									
_	12/16/2020	ľ	Lucille's											
6	Amount (\$)	7	Payee addres	s; City;		State; Z	ip Code	е						
	\$104.00		5512 LaBra	nch										
			Houston, TX	77004										
8	PURPOSE	(a)	Category (Se	e Categories lis	ted at the ton of	f this schedule	<u>a)</u> (k	b) [Description					
	OF		Food/Bever						_	outs	ide of Texas.	Com	plete Schedule T.	
	EXPENDITURE								Check if Austir					
								F	Pro rata shai	re fo	or judges	hol	iday dinner	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder nar	ne	Offic	e sough	nt			Offic	e he	eld	
	Date		Payee name											
	11/15/2020		Mailchimp											
	Amount (\$)	T	Payee addres	s; City;		State; Z	ip Code	e						
	\$34.53		675 Ponce I	De Leon Av	e NE									
			Atlanta, GA	30308										
	PURPOSE	(a)	Category (Se	e Categories lis	ted at the top of	f this schedule	_{e)} (b	b) [Description					
	OF EXPENDITURE		Advertising	Expense				Ē	=				olete Schedule T.	
								L	Check if Austiremail service		, officenoider	living	expense	
									inan service	•				
	Complete ONLY if direct	Щ	Candidate/Offic	eholder nar	me .	Offic	e sough	nt .			Offic	o ho	ald	
	expenditure to benefit C/O		Sandidate/Oni	cholder har		Onic	.c 30ugi				Onic	C IIC	.iu	
	Date		Payee name											
	12/16/2020		Mailchimp											
	Amount (\$)		Payee addres	s; City;		State; Z	ip Code	е						
	\$34.53		675 Ponce I	De Leon Av	e NE									
			Atlanta, GA	30308										
	PURPOSE OF	(a)	Category (Se		ted at the top of	f this schedule	e) (b	b) [Description					
	EXPENDITURE		Advertising	Expense				Ļ	Check if travel Check if Austir				plete Schedule T.	
								L	email service		, omcendaei	iiviiig	expense	
									55	-				
	Complete ONLY if direct		Candidate/Offic	eholder nar	ne	Offic	e sough	nt .			Offic	e he	eld	
	expenditure to benefit C/OI				·	00		-			20		-	

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: 11/17 Rpt: 16/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/16/2020	Miller, Beau
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	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 Austin, TX, officeholder living expense contribution for departing judges gifts
		contribution for departing judges girls
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
_	Date	Davies same
		Payee name
	12/17/2020	Novak, Mark
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	201 Caroline
		Houston, TX 77002
	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 court staff gift
		Court Stail gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	12/16/2020	Payee name Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.26	6888 Gulf Frwy
		Ste 300
		Houston, TX 77087
	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
		333.1 34pp.133
	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 -

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 12/17 Rpt: 17/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	12/14/2020	Pappadeaux
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.02	2525 South Loop
		Houston, TX 77054
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
		lunch meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/14/2020	Pappadeaux
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2525 South Loop
		Houston, TX 77054
	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
		court staff gift cards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/30/2020	Personalization Mall
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.25	51 Shore Dr
		Burr Ridge, IL 60527
	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
		gifts for new judges
	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)

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	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: 13/17 Rpt: 18/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	10/31/2020	Piryx Inc d/b/a Rally.org
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.09	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	10/31/2020	Piryx Inc d/b/a Rally.org
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.30	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/31/2020	Piryx Inc d/b/a Rally.org
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.15	995 Market St
		San Francisco, CA 94103
	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	I I Observe TV attraction to the account
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense online donation processing fee
		online donation processing fee
	Complete ONLY if direct expenditure to benefit C/Oh	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)

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: Sch: 14/17 Rpt: 19/22	2 FILER NAME Phillips, Fredericka M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066411
4	Date 10/26/2020	5 Payee name Print N Sign
6	Amount (\$) \$730.68	7 Payee address; City; State; Zip Code 7350 Harwin Dr Ste 316A Houston, TX 77036
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/27/2020	Payee name Print N Sign
	Amount (\$) \$811.87	Payee address; City; State; Zip Code 7350 Harwin Dr Ste 316A Houston, TX 77036
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense push cards
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/30/2020	Payee name Smith, John
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2810 61st St Apt 438 Galveston, TX 77551
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense poll worker
	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

	Consuling 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: 15/17 Rpt: 20/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date 11/02/2020	5 Payee name Smith, John
6	Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 2810 61st St Apt 438 Galveston, TX 77551
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense poll worker
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2020	Texas Association of District Judges
	Amount (\$) \$20.89	Payee address; City; State; Zip Code PO Box 1748
		Austin, TX 78767
	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 membership fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/11/2020	Payee name Texas Bar Foundation
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 515 Congress Ave Ste 1755 Austin, TX 78701
	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 donation to 501(c)(3)
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political C

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: 16/17 Rpt: 21/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	11/07/2020	Texas Hills Vineyard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.52	878 Ranch Rd 2766
		Johnson City, TX 78636
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
		Volunteer appreciation gift
		Volume of approximation give
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/16/2020	The Empowered Survivor
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	8226 Antoine
		Houston, TX 77088
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Donation to 501c3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/02/2020	US Post Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.00	7205 Almeda
		Houston, TX 77054
	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 Stamps
		Statips
_	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 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: 17/17 Rpt: 22/22	Phillips, Fredericka M. (The Honorable) 00066411
4	Date	5 Payee name
	10/27/2020	Williams, Chanda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.00	201 Caroline
		Houston, TX 77002
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 Reimbursement for court staff lunch
		remisalsement for south stall fation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/17/2020	Williams, Chanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	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
		court staff supplement gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/05/2020	Zammittis
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.35	1660 W Lake Houston Pkwy
		Unit 101
		Kingwood, TX 77339
	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 meeting
		campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	