

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00066333		2 PAGE # 1 of 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Kent		MI
	NICKNAME		LAST Phillips		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;		CITY; STATE; ZIP CODE
	1717 Timberwood Dr Austin, TX 78741				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST		MI
	NICKNAME		LAST		SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year		Month Day Year		
	10/28/2014		THROUGH 11/28/2014		
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 11/04/2014		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Austin City Council District 3		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Phillips, Kent (Mr.)**14 ACCOUNT #** (Ethics Commission filers)
00066333**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0.00

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

\$ 50.00

**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED**

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 4,611.48

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

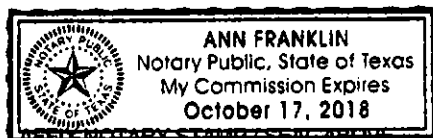
\$ 0.00

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

\$ 0.00

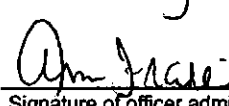
17 AFFIDAVIT

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

 Sworn to and subscribed before me, by the said Kent Phillips, this the 15th day
 of January, 2015, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

 Ann Franklin
 Print name of officer administering oath

 Notary
 Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/5	
2 FILER NAME Phillips, Kent (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00066333	
4 Date 10/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, John (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 104 S Duke St Sheperdstown, WV 25443	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) cash (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Human Resources Management		10 Employer (See Instructions) US Government	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 4/5		2 FILER NAME Phillips, Kent (Mr.)		3 ACCOUNT # (TEC filers) 00066333	
4 Date 11/22/2014	5 Payee name Amundson, Kurtis (Mr.)				
6 Amount (\$) \$754.17	7 Payee address City: State: Zip Code 120 N Main St Pine Island, MN 55963				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Final payment for marketing, signs, website and logo design		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/28/2014	Payee name FedEx				
Amount (\$) \$10.81	Payee address City: State: Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CD burning for report		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/04/2014	Payee name Morales, Gloria (Ms.)				
Amount (\$) \$122.50	Payee address City: State: Zip Code Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract work to others for election day campaigning		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/04/2014	Payee name Morales, Gloria (Ms.)				
Amount (\$) \$220.00	Payee address City: State: Zip Code Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Radio air time and consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 5/5		2 FILER NAME Phillips, Kent (Mr.)		3 ACCOUNT # (TEC filers) 00066333	
4 Date 11/04/2014	5 Payee name Morales, Gloria (Ms.)				
6 Amount (\$) \$204.00	7 Payee address City: State: Zip Code Austin, TX 78702				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign staff work		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/06/2014	Payee name Morales, Gloria (Ms.)				
Amount (\$) \$300.00	Payee address City: State: Zip Code Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election day services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/22/2014	Payee name Phillips, Kent (Mr.)				
Amount (\$) \$3,000.00	Payee address City: State: Zip Code 1717 Timberwood Dr Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> refund campaign loan to my personal account		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: