

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	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
	NICKNAME	LAST Phillips	SUFFIX			
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	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
	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	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
		11/04/2014				
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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

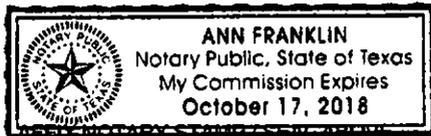
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
--	----	------

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.



[Handwritten Signature]

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.

[Handwritten Signature]

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.) 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
---------------------------------	---	--

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:
---	-------------------------------	----------------	--------------

--	--