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### FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 Filer ID (Ethics Commission Filers) Quinton 'Q' Phillips 16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO PO ITICAL COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME Additional Pages COMMITTEE(S) KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 17 CONTRIBUTION FAYE DOMEPSLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTHE OF TOTALS, UNLESS ITEMIZED **TOTALS \$** 0

**DECEMBER 21, 2020** 

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### FORM C/OH **COVER SHEET PG 3**

### 19 FILER NAME 20 Filer ID (Ethics Commission Filers)

	Quint	on 'Q' Phillips	
21		ILE SUBTOTALS F SCHEDULE	SUBTOTAL AMOUNT
1	x	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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			\$
4.		SCHEDULE E: LOANS	\$
5.	x	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,446.92
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
12. 8		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

# O ETARY POLIT CAL CONTRIBUTIO.S

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<b>A</b>	,	☐ out-of-state PAC (ID#:	)
2 FILER NAM	AE		3 Filer ID (Ethics Commission Filers)
		out-of-state PAC (ID#:	)
<b>4</b> Date 07/23/19	6 Contributor address;	1	7 Amount of contribution (\$) \$100.00
	ecupation / Job title (See Instructions Retired	9 Employer  Out-of-state PAC (ID#:Reti	(See Instructions)
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	Contributor address;	City; State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer	(See Instructions)
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer	(See Instructions)

# POLIT CAL EXPE D TURES ADE FRO POLIT CAL CO TR BUT O S

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense	on/Fundraising Expense
Carlo			
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<b>A</b>	The Instruction Guide e	xplains how to complete this form.	
Total pages Schedule I	1 2 FILER NAME  Quinton 'Q' Phill:		ID (Ethics Commission Filers)
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Amount (\$)		e; Zip Code	
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OF EXPENDITURE	Donation		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C	/OH		
Date	Payee name		
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1 C/OH NAME			2 Filer ID	(Ethics Commission Filers)
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