

# CA D / OFF CE OL CA G F A C R O T

## FORM C/OH COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 1312

The C/OH Instruction Guide explains how to complete this form.

|                                                     |                                      |              |           |                                        |           |
|-----------------------------------------------------|--------------------------------------|--------------|-----------|----------------------------------------|-----------|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME               | MS / MRS / MR                        | FIRST        | MI        | OFFICE USE ONLY                        |           |
|                                                     | NICKNAME                             | LAST         | SUFFIX    | Date Received                          |           |
|                                                     | Mr                                   | Quinton      | Q         |                                        |           |
|                                                     |                                      | Phillips     |           |                                        |           |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | Fort Worth, TX 76124                 |              |           | 4/6/2023                               |           |
| <input type="checkbox"/> Change of Address          |                                      |              |           |                                        |           |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | (817) 938-5282                       |              |           |                                        |           |
| 6 CAMPAIGN                                          |                                      |              |           |                                        |           |
|                                                     | PO Box 24615                         |              |           |                                        |           |
|                                                     | AREA CODE                            | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked |           |
|                                                     |                                      |              |           |                                        |           |
|                                                     | MS / MRS / MR                        | FIRST        | MI        | Receipt #                              | Amount \$ |
|                                                     |                                      |              |           |                                        | 0         |
| NAME                                                | NICKNAME                             | LAST         | SUFFIX    | Date Processed                         |           |
|                                                     |                                      | Williams     |           |                                        | 20        |
|                                                     |                                      |              |           | Date Imaged                            | 23        |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | 2800 Yeager St, Fort Worth, TX 76112 |              |           |                                        |           |
| (Residence or Business)                             |                                      |              |           |                                        |           |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | (817) 874-0309                       |              |           |                                        |           |
| 9 REPORT TYPE                                       | Runoff                               |              |           |                                        |           |
| 10 PERIOD<br>COVERED                                | 01 / 16 / 2023                       |              | THROUGH   | 03 27 2023                             |           |
| 11 ELECTION                                         | ELECTION TYPE                        |              |           |                                        |           |

CANDIDATE / OFFICEHOLDER  
GENERAL FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

Quinton 'Q' Phillips

16 NOTICE FROM  
POLITICAL

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO  
SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S  
CONSENT. IF A COMMITTEE HAS BEEN REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE

OF SUCH EXPENDITURES

COMMITTEE TYPE COMMITTEE NAME

FOR THE CHILDREN PAC

☐ SPECIFIC

COMMITTEE ADDRESS

PO Box 159 Fort Worth, TX 76102

COMMITTEE CAMPAIGN TREASURER NAME

Corey Bearden

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 159, Fort Worth, TX 76102

☐ Additional Pages

19 FILER NAME

Quinton 'Q' Phillips

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 9,608.30

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 3,268.15

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

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 CONTRIBUTIONS12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  
RETURNED TO FILER

\$

# O ETARY POL T CAL CONTRIBUT O S

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Quinton 'Q' Phillips

3 Filer ID (Ethics Commission Filers)

4 Date

03/03/23

5 Full name of contributor

For The Children PAC

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City; State; Zip Code

PO Box 159, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Date

2/24/23

Full name of contributor

J Lewis Alston

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1401 Main Street, Dallas, TX 76133

Employer (See Instructions)

# LEGISLATIVE POLITICAL CONTRIBUTIONS

## SCHEDULE A1

1 Total pages Schedule A1: 7

☐ Out-of-state PAC

2 FILER NAME

Quinton 'Q' Phillips

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

Daryl Davis

7 Amount of contribution (\$)

\$100

3/3/2023

6 Contributor address;

City; State; Zip Code

9261 Vineyard Ln. Fort Worth, TX 76126

8 Employer (See Instructions)

☐ Out-of-state PAC ID#

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Quinton 'Q' Phillips

7 Filer ID / Ethics Commission Filer

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

3/9/2023

Kent Bradshaw

\$250

6 Contributor address;

City; State; Zip Code

2009 6th Ave. Fort Worth, TX 76110

☐ out-of-state PAC (ID#:

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

3/10/2023

Roderick Miles Jr.

\$100

Contributor address; City; State; Zip Code

☐ out-of-state PAC (ID#:

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 7

2 FILER NAME

Quinton 'Q' Phillips

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3/16/2023

Richard Harleaux

6 Contributor address;

City; State; Zip Code

\$250

6116 Forest Ln. Fort Worth, TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC

Amount of contribution (\$)

3/16/2023

Barbara Clark

Contributor address;

City; State; Zip Code

\$250

1501 Saxony Road Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC

Amount of contribution (\$)

3/16/2023

Edmond Moss

Contributor address;

City; State; Zip Code

\$50

5625 Eisenhower Dr. Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (I

Amount of contribution (\$)

3/16/2023

Daryl Davis

Contributor address;

City; State; Zip Code

\$100

9216 Vineyard Ln. Fort Worth, TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LEGISLATIVE POLITICAL CONTRIBUTIONS

# SCHEDULE A1

1 Total pages Schedule A1 7

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor ☐ out-of-state PAC (ID#:

Patrick Winfield

6 Contributor address, City, State, Zip Code

5825 Mendenhall Dr. Fort Worth, TX 76122

Date Full name of contributor ☐ out-of-state PAC (

Willie Rankin

Contributor address; City; State;

7104 Bannock Dr. Fort Worth, TX 76179

2 FILER NAME

Quinton 'Q' Phillips

4 Date

7 Amount of contribution (\$)

7/16/2022 ☐ out-of-state PAC (I

City; State; Zip Code

☐ out-of-state PAC (ID#:

City; State; Zip Code

# O ETARY POLITICAL CONTR BUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 7

2 FILER NAME

Quinton 'Q' Phillips

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC

7 Amount of contribution (\$)

3/16/2023

Efrin Carrion

6 Contributor address:

City: State: Zip Code

\$250

11 out-of-state PAC (

☐ out-of-state PAC

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

11 out-of-state PAC (

☐ out-of-state PAC

Jared Williams

3/16/2023

Contributor address;

City; State; Zip Code

\$250

PO Box 16012

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 7

2 FILER NAME

Quinton 'Q' Phillips

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3/20/2023

Donna James-Harvey

\$100

6 Contributor address; City; State; Zip Code

3535 Routh St. Unit B Dalls, TX 75219

\_\_\_\_\_  
Employer (See Instructions)

Full name of contributor ☐ out-of-state PAC (ID#)

Laura Hunter

Contributor address; City; State; Zip Code

3001 Harlanwood Dr. Fort Worth, TX 76109

Full name of contributor ☐ out-of-state PAC

Kevin O'Hanlon

Contributor address; City; State;

Date

808 West Avenue Austin, TX 78701

Amount of contribution (\$)

3/22/2023

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Amount of contribution (\$)

3/24/2023

Zip Code

\$2,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Amount of contribution (\$)

3/27/2023

City; State; Zip Code

\$100

POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                                             |  |                                                                 |  |
|-------------------------------------------------------------|--|-----------------------------------------------------------------|--|
| 1. Name of the person or entity that made the contribution  |  | 2. Name of the person or entity that received the contribution  |  |
| 3. Date of the contribution                                 |  | 4. Amount of the contribution                                   |  |
| 5. Name of the person or entity that made the contribution  |  | 6. Name of the person or entity that received the contribution  |  |
| 7. Date of the contribution                                 |  | 8. Amount of the contribution                                   |  |
| 9. Name of the person or entity that made the contribution  |  | 10. Name of the person or entity that received the contribution |  |
| 11. Date of the contribution                                |  | 12. Amount of the contribution                                  |  |
| 13. Name of the person or entity that made the contribution |  | 14. Name of the person or entity that received the contribution |  |
| 15. Date of the contribution                                |  | 16. Amount of the contribution                                  |  |
| 17. Name of the person or entity that made the contribution |  | 18. Name of the person or entity that received the contribution |  |
| 19. Date of the contribution                                |  | 20. Amount of the contribution                                  |  |
| 21. Name of the person or entity that made the contribution |  | 22. Name of the person or entity that received the contribution |  |
| 23. Date of the contribution                                |  | 24. Amount of the contribution                                  |  |
| 25. Name of the person or entity that made the contribution |  | 26. Name of the person or entity that received the contribution |  |
| 27. Date of the contribution                                |  | 28. Amount of the contribution                                  |  |
| 29. Name of the person or entity that made the contribution |  | 30. Name of the person or entity that received the contribution |  |
| 31. Date of the contribution                                |  | 32. Amount of the contribution                                  |  |
| 33. Name of the person or entity that made the contribution |  | 34. Name of the person or entity that received the contribution |  |
| 35. Date of the contribution                                |  | 36. Amount of the contribution                                  |  |
| 37. Name of the person or entity that made the contribution |  | 38. Name of the person or entity that received the contribution |  |
| 39. Date of the contribution                                |  | 40. Amount of the contribution                                  |  |
| 41. Name of the person or entity that made the contribution |  | 42. Name of the person or entity that received the contribution |  |
| 43. Date of the contribution                                |  | 44. Amount of the contribution                                  |  |
| 45. Name of the person or entity that made the contribution |  | 46. Name of the person or entity that received the contribution |  |
| 47. Date of the contribution                                |  | 48. Amount of the contribution                                  |  |
| 49. Name of the person or entity that made the contribution |  | 50. Name of the person or entity that received the contribution |  |
| 51. Date of the contribution                                |  | 52. Amount of the contribution                                  |  |
| 53. Name of the person or entity that made the contribution |  | 54. Name of the person or entity that received the contribution |  |
| 55. Date of the contribution                                |  | 56. Amount of the contribution                                  |  |
| 57. Name of the person or entity that made the contribution |  | 58. Name of the person or entity that received the contribution |  |
| 59. Date of the contribution                                |  | 60. Amount of the contribution                                  |  |
| 61. Name of the person or entity that made the contribution |  | 62. Name of the person or entity that received the contribution |  |
| 63. Date of the contribution                                |  | 64. Amount of the contribution                                  |  |
| 65. Name of the person or entity that made the contribution |  | 66. Name of the person or entity that received the contribution |  |
| 67. Date of the contribution                                |  | 68. Amount of the contribution                                  |  |
| 69. Name of the person or entity that made the contribution |  | 70. Name of the person or entity that received the contribution |  |
| 71. Date of the contribution                                |  | 72. Amount of the contribution                                  |  |
| 73. Name of the person or entity that made the contribution |  | 74. Name of the person or entity that received the contribution |  |
| 75. Date of the contribution                                |  | 76. Amount of the contribution                                  |  |
| 77. Name of the person or entity that made the contribution |  | 78. Name of the person or entity that received the contribution |  |
| 79. Date of the contribution                                |  | 80. Amount of the contribution                                  |  |
| 81. Name of the person or entity that made the contribution |  | 82. Name of the person or entity that received the contribution |  |
| 83. Date of the contribution                                |  | 84. Amount of the contribution                                  |  |
| 85. Name of the person or entity that made the contribution |  | 86. Name of the person or entity that received the contribution |  |
| 87. Date of the contribution                                |  | 88. Amount of the contribution                                  |  |
| 89. Name of the person or entity that made the contribution |  | 90. Name of the person or entity that received the contribution |  |
| 91. Date of the contribution                                |  | 92. Amount of the contribution                                  |  |
| 93. Name of the person or entity that made the contribution |  | 94. Name of the person or entity that received the contribution |  |
| 95. Date of the contribution                                |  | 96. Amount of the contribution                                  |  |
| 97. Name of the person or entity that made the contribution |  | 98. Name of the person or entity that received the contribution |  |
| 99. Date of the contribution                                |  | 100. Amount of the contribution                                 |  |

2 Quinton 'Q' Phillips

4 Date 02/21/23 5 Payee name GoDaddy

6 Amount (\$) \$40.34

8 PURPOSE ADVERTISING TRADING EXPENDITURE

Date 02/28/23 Payee name La Rueda Mexican Restaraunt  
Amount (\$) \$40.60 Payee address; City; State; Zip Code 2317 Oakland Blvd, Fort Worth, TX 76103

PURPOSE OF EXPENDITURE Food/Beverage Expense

POL T CAL EXPEND TURES ADE  
FRO POL T CAL CONTR BUT ONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Travel Expense

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel Expense

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

The instruction guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

Quintanilla, J. L.

4 Date

5 Payee name

03/17/23

Turke, Dan

6 Amount (\$)

7 Payee address;

\$342.01

1201 Oakland Blvd Ste 1111, Fort Worth, TX 76103

8

OF

Food/Beverage Expense