CA D D E / OFF CE OLDER
CA G F A CE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 12

[redacted]

RECEIVED
JUL 15 2019
Board of Education

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mr	Quinton	Q
NICKNAME	LAST	SUFFIX
	Phillips	

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
PO Box 24615		Fort Worth, TX 76124		

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(817)	938-5282	

Date Hand-delivered or Date Postmarked
7-15-19

Receipt # Amount $

Date Processed
7-15-19

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr	Dante	J
NICKNAME	LAST	SUFFIX
	Williams	

7 CAMPAIGN TREASURER

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
[redacted]		[redacted]		

[redacted]

CA E/OFFICE HOLDER
CA GFAC POST

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Quinton 'Q' Phillips

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM **THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO**

[redacted]

COMMITTEE TYPE COMMITTEE NAME

☒ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

[redacted]

COMMITTEE CAMPAIGN TREASURER ADDRESS

COMMITTEE(S) ***KNOWLEDGE OR CONSENT.*** **CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.**

1

Good Government Fund $ 2,450

1001 Fannin St, Suite 25, Houston, TX 77002 $ 229.89

☐ Additional Pages

James Reeder $ 6,543.27

1001 Fannin St, Suite 25, Houston, TX 77002

17 CONTRIBUTION TOTALS

TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED $ 0

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

EXPENDITURE [redacted]

[redacted] Fave Daniels Exec. Dir.

CA / OFF CE OL E
CA G F A CE EPO T

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Quinton 'Q' Phillips

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

PSEL PAC

COMMITTEE ADDRESS

201 Main St, Suite 2500, Fort Worth, TX 76102

COMMITTEE CAMPAIGN TREASURER NAME

S BTO LS - C/O

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Quinton 'Q' Phillips

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS

		NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,450
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	$ 6,313.38
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 CONTRIBUTIONS	$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1: **2**

2 FILER NAME

Quinton 'Q' Phillips

3 Filer ID (Ethics Commission Filers)

4 Date

4/29/19

[redacted] ☐ out-of-state PAC (ID#: [redacted])

[redacted] City; State; Zip Code

Fort Worth, TX 76116

[redacted]

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

Good Government Fund,
(James Reeder - Treasurer)

4/26/19

Kathy Spiess

Contributor address; City; State; Zip Code

$250.00

6 Contributor address;

1001 Fannin St, Suite 25, Houston, TX 77002

5038 Lovell Ave

8 Principal occupation / Job title (See Instructions)

Volunteer

9 Employer (See Instructions)

Volunteer

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

Date

4/26/19

PSEL PAC

Amount of contribution ($)

Contributor address; City; State; Zip Code

$750.00

201 Main St, Suite 2500, Fort Worth, TX 76102

$750.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

[redacted] ☐ out-of-state PAC (ID#:)

Jud

$700.00

e

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

Full name of contributor

Amount of contribution ($)

u Needham

O E RY POL T CAL CO TR BUT O S

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

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 ($)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions) **9** Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC (ID#:_____) Amount of contribution ($)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC Amount of contribution ($)

[redacted]

☐ out-of-state PAC (ID#:_____)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor Amount of contribution ($)

[redacted]

POL T CAL EXPE D TURES ADE FRO POL T CAL CONTR BUT O S

SCHEDULE F1

[redacted]

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Ou[redacted]
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 [redacted]

3 Filer ID (Ethics Commission Filers)

[redacted]

6 Amount ($) 7 Payee address; City; State; Zip Code

470.[redacted]

8 PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

Date

[redacted]

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense — Food/Entertainment — Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3

2 FILER NAME: Quinton 'Q' Phillips

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name: SPECS

6 Amount ($): $189.71

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: Accounting/Banking — Fees — Office Overhead/Rental Expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

Date — Payee name

Amount ($)

Description

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Office[illegible] — held

Date — Payee name

Description

PURPOSE OF EXPENDITURE

Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POL T CAL EXPE D TURES ADE FRO POL T CAL CONTR BUT O S

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1 **2** FILER NAME **3** Filer ID (Ethics Commission Filers)

3 Quinton 'Q' Phillips

4 Date

5 Amount ($)

6 [redacted]

8 [redacted] (b) Description

PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

Date | Payee name

Amount ($) | Payee address; City; State; Zip Code | Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) | Credit Card Payment

PURPOSE OF EXPENDITURE

DRI Printplace

7 Payee address; City; State; Zip Code

1497.92 1130 Ave H East, Arlington, TX 76011 — Candidate / Officeholder name — Office sought — Office held

(c) Category

Date | Payee name

Amount ($) | Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ES G O O F AL E O T FORM C/O - F

The Instruction Guide explains how to complete this form.

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat-