

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **10**

3 COMMITTEE NAME

Defending Public Money for Public Good

OFFICE USE ONLY

Date Received

BEXAR COUNTY

2025 DEC 19 AM 9:59

FILED IN THE OFFICE OF
MICHELLE CAREW
ELECTIONS ADMINISTRATOR

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 171-164 SA TX 78217

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Michael

NICKNAME

LAST

SUFFIX

Phillips

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

5227 Wildflower Dr. SA TX 78228

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5227 Wildflower Dr SA TX 78228

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 254-0745

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Exceeded Modified Reporting Limit

☐ July 15

☐ 8th day before election

☒ Dissolution Report (Attached PAC-FR)

☐ Runoff

☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

10 / 28 / 2025

THROUGH

Month Day Year

12 / 18 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 25

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description _____

GO TO PAGE 2

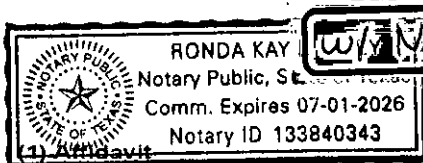
SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME <i>Defending Public Money for Public Good</i>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 11 / 04 / 2025 DESCRIPTION <i>Against use of public funds for arena</i>

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 52,355.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 51,060.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 SIGNATURE 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.



Ronda Kay Dudley
Signature of Campaign Treasurer (Declarant)
Michael C Phillips
Please complete either option below:

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Michael Phillips*, this the _____ day of *19*, 20*25*, to certify which, witness my hand and seal of office.

Ronda Kay Dudley *Ronda Kay Dudley* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) (zip code)(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,355.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 50,000.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 51,060.05
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Michael C Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Amerson 6 Contributor address; City; State; Zip Code 5957 Woodridge Road SA TX 78249	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Hagelstan Contributor address; City; State; Zip Code 427 Hildebrand Ave SA TX 78212	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heywood Sanders Contributor address; City; State; Zip Code 324 E Huisache Ave SA TX 78212	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Harris Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Michael C. Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heywood Sanders	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 324 Huisache Ave SA TX 78212		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicente Esquivel	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marissa Ortiz	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caron DeMars	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Michael C. Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Judith (Judy) Tyrling	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 9302 Wickheater St. SA TX 78254		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 1
2 FILER NAME Michael C Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/25	5 Corporation / Labor Organization name Central Texas Interfaith 6 Corporation / Labor Organization address; City; State; Zip Code 701 E Wonsley Drive, Suite 200, Austin TX 78753	7 Amount of contribution (\$) \$50,000.00
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Michael C. Phillips		3 Filer ID (Ethics Commission Filers)	
4 Date 10/29/25		5 Payee name Fose + McKay			
6 Amount (\$) \$32,500.00		7 Payee address; City; State; Zip Code 1801 E Camelback Rd, Ste 300 Phoenix AZ 85016			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/29/25		Payee name Frost Bank			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 111 W Houston SA TX 78205			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Wire Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/06/25		Payee name Fose + McKay			
Amount (\$) \$8,000.00		Payee address; City; State; Zip Code 1801 E Camelback Rd, Ste 300 Phoenix AZ 85016			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>		2 FILER NAME <u>Michael C. Phillips</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/06/25</u>		5 Payee name <u>Frost Bank</u>			
6 Amount (\$) <u>\$30.00</u>		7 Payee address; <u>111 W Houston</u>		City; <u>SA</u>	State; <u>TX</u> Zip Code <u>78205</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Wire Fee</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>12/11/25</u>		Payee name <u>The Metro Alliance</u>			
Amount (\$) <u>\$10,500.05</u>		Payee address; <u>2018 Ave B, Suite 200</u>		City; <u>San Antonio</u>	State; <u>TX</u> Zip Code <u>78215</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages</u>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
STATEMENT OF DISSOLUTION**

FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

Defending Public Money for Public Good

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

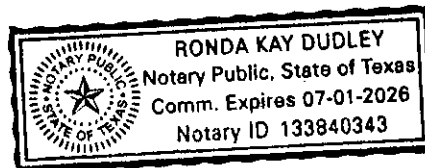
I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Michael C Phillips

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:



(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Michael Phillips*, this the *December* day of *19*, 20 *25*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code)(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Campaign Treasurer (Declarant)