

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: <i>10</i>			
3 COMMITTEE NAME <i>Defending Public Money for Public Good</i>		OFFICE USE ONLY				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE			
	<i>PO Box 171-164 SA TX 78217</i>					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Michael</i>	MI			
	NICKNAME	LAST <i>Phillips</i>	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5227 Wildflower Dr. SA TX 78228</i>					
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5227 Wildflower Dr SA TX 78228</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(210) 254-0745</i>					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<i>10 /28 /2025</i>			THROUGH		
11 ELECTION	ELECTION DATE Month Day Year <i>11 /04 /25</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____			
GO TO PAGE 2						

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME

Defending Public Money for Public Good

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE
PURPOSE

(Attach lists on plain paper to
complete this report if
necessary.)

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

CANDIDATE

OFFICEHOLDER

CANDIDATE/OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE

Month Day Year
11 / 04 / 2025

DESCRIPTION

Against use of publ.2 funds for arena

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

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 51,060.05

EXPENDITURE
TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$

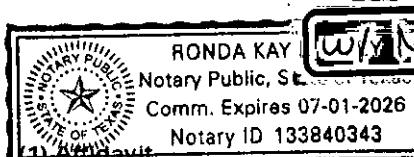
CONTRIBUTION
BALANCE

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.



Please complete either option below:

Signature of Campaign Treasurer (Declarant)

Michael C. Phillips

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael C. Phillips, this the _____
day of 19, 2025, 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)

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

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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	
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 CORPORATION OR LABOR ORGANIZATION	
7. <input type="checkbox"/> SCHEDULE E: LOANS	
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
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: <u>3</u>
2 FILER NAME <u>Michael C Phillips</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>10/28/25</u>	5 Full name of contributor <u>Ken Amerson</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <u>\$1,000.00</u>
6 Contributor address; <u>5957 Woodridge Rock SA TX 78249</u>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>10/28/25</u>	Full name of contributor <u>Ann Hagelstan</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; <u>427 Hildebrand Ave SA TX 78212</u>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/29/25</u>	Full name of contributor <u>Heywood Sanders</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>\$10.00</u>
Contributor address; <u>324 E Huisache Ave SA TX 78212</u>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/29/25</u>	Full name of contributor <u>Mary Harn's</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>\$20.00</u>
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: <u>3</u>
2 FILER NAME <u>Michael C. Phillips</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>10/29/25</u>	5 Full name of contributor <u>Heywood Sanders</u>	<input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$ <u>\$1,000.60</u>
6 Contributor address; <u>324 Huisache Ave SA</u>	City; <u>TX</u>	State; <u>78212</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>10/30/25</u>	Full name of contributor <u>Vicente Esquivel</u>	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ <u>\$25.00</u>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/30/25</u>	Full name of contributor <u>Marissa Ortiz</u>	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ <u>\$25.00</u>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/31/25</u>	Full name of contributor <u>Caron DeMars</u>	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ <u>\$25.00</u>
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: <u>3</u>
2 FILER NAME <u>Michael C. Phillips</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/01/25</u>	5 Full name of contributor <u>Ann Judith (Judy) Tyring</u> 6 Contributor address; <u>9302 Wickhester St. SA</u> City; <u>TX</u> State; <u>78254</u> Zip Code	7 Amount of contribution (\$) <u>\$50.00</u>
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
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
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
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: <u>1</u>
2 FILER NAME <u>Michael C Phillips</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/28/25</u>	5 Corporation / Labor Organization name <u>Central Texas Interfaith</u> 6 Corporation / Labor Organization address; City; State; Zip Code <u>701 E Wombley Drive, Suite 200, Austin TX 78753</u>	7 Amount of contribution (\$) <u>\$50,000.00</u>
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

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: 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; 1801 E Camelback Rd, Ste 300 Phoenix AZ 85016	City; State; Zip Code	
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	Candidate / Officeholder name	Office sought	Office held
Date 10/29/25	Payee name Frost Bank		
Amount (\$) \$30.00	Payee address; 111 W Houston	City; State; Zip Code 8A 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	Candidate / Officeholder name	Office sought	Office held
Date 11/06/25	Payee name Fose + McKay		
Amount (\$) \$8,000.00	Payee address; 1801 E Camelback Rd, Ste 300 Phoenix AZ 85016	City; State; Zip Code	
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	Candidate / Officeholder name	Office sought	Office held

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

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 11/06/25	5 Payee name Frost Bank		
6 Amount (\$) \$30.00	7 Payee address; 111 W Houston	City; SA State; TX Zip Code 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Wire Fee	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/11/25	Payee name The Metro Alliance		
Amount (\$) \$10,500.05	Payee address; 2018 Ave B, Suite 200	City; San Antonio State; TX Zip Code 78215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / Wages	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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	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 ONLY 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 Goods

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

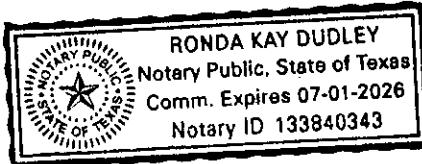
I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has 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 1925, to certify which, witness my hand and seal of office.

Ronda Kay Dudley
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)

Michael C Phillips
Signature of Campaign Treasurer (Declarant)