CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers) **2** Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / (MR)   FIRST: Phil   MI: S

NICKNAME   LAST: Vaughan   SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2801 UC Blvd   APT / SUITE #;   CITY: UC   STATE: TX   ZIP CODE: 78148

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (210)   PHONE NUMBER: 685   EXTENSION: 4952

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST: Same   MI

NICKNAME   LAST   SUFFIX

Receipt #   Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: ( )   PHONE NUMBER   EXTENSION

9 REPORT TYPE

☒ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☐ 8th day before election   ☐ Exceeded Modified Reporting Limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 7 / Day 1 / Year 24   THROUGH   Month 12 / Day 31 / Year 24

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: ☐ Primary   ☐ Runoff   ☐ Other Description   ☐ General   ☐ Special

12 OFFICE

OFFICE HELD (if any): UC Councilmember

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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

COMMITTEE TYPE: ☐ GENERAL   ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Phil Vaughan	**16** Filer ID (Ethics Commission Filers)	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$	0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	32.34
	4.	**TOTAL POLITICAL EXPENDITURES**	$	32.34
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0

18 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.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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 __Phil Vaughan__ , and my date of birth is __9/1/81__ .

My address is __2801 UC Blvd__ , __UC__ , __TX__ , __78148__ , __USA__ .
(street) (city) (state) (zip code) (country)

Executed in __Bexar__ County, State of __TX__ , on the __23rd__ day of __February__ , 20__25__ .
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
    Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Phil Vaughan	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 CREDIT CARD ISSUER	Name of financial institution

6 PAYMENT	(a) Amount Charged $16.17	(b) Date Expenditure Charged 7/19/24	(c) Date(s) Credit Card Issuer Paid 7/19/24

7 PAYEE	(a) Payee name Shockhosting.net	(b) Payee address; 371 Hoes Lane #200	City, Piscataway	State, NJ	Zip Code 08854

8 PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description web hosting

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct expenditure to benefit C/OH	Candidate / Officeholder name Phil Vaughan	Office Sought	Office Held UC Councilmember

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address;	City,	State,	Zip Code

PURPOSE OF EXPENDITURE [ ] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address;	City,	State,	Zip Code

PURPOSE OF EXPENDITURE [ ] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] 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 EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Phil Vaughan	

4 Date	5 Payee name
8/13/24	Citibank

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
16.17 ☐ Reimbursement from political contributions intended	PO BOX 183037	Columbus	OH	43218

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Credit Card Payment

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.　　☐ 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	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
☐ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.　　☐ 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
☐ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.　　☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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