

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Latoya	MI M
	NICKNAME Hunny	LAST Phillips	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4512 Bartagrass Rosenberg, TX 7746		
	Date Received RECEIVED APR 02 2026 BY: 4:27pm Jerry		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 887-8207	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Teneiza	MI
	NICKNAME	LAST Tibbs	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1335 Castle Glen Houston, TX 77015		
	Date Hand-delivered or Date Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 886-9088	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	1	1	26
	THROUGH		Month Day Year
			3 / 23 / 26
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 5 / 2 / 26	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council At-Large Position	
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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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		<i>Latoya "Hunny" Phillips</i>	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)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,420.00</i>
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ <i>2,200.04</i>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>219.96</i>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

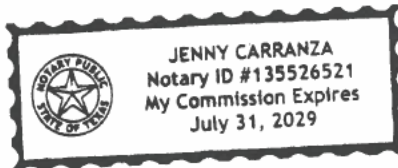
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Latoya Phillips

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Latoya Phillips* this the *2nd* day of *April*, 20*26*, to certify which, witness my hand and seal of office.

Jenny Carranza Signature of officer administering oath *Jenny Carranza* Printed name of officer administering oath *Assistant City Secretary* 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 Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Latoya "Hunny" Phillips</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,420.00
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	\$ 2,200.04
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

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: 7
2 FILER NAME Latoya "Hunny" Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/26	5 Full name of contributor Jennifer Cantu out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Rosenberg, TX. 77469	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Texana
Date 11/15/26	Full name of contributor Adria Magoti out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Fresno, TX. 77545	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) TX Citywide Pro Services
Date 11/15/26	Full name of contributor Ursela Knox out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Rosenberg, TX. 77471	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Texana
Date 11/15/26	Full name of contributor Sonya Brown Marshall out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Missouri, City 77459	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LaToya "Hunny" Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/26	5 Full name of contributor Valencia Bell <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code [Redacted] Rosenberg, TX. 77469	\$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/15/26	Full name of contributor Ronald Rash <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code [Redacted] Sugar Land, TX. 77479	\$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

Date 1/16/26	Full name of contributor Joanne Gonzales <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code [Redacted] Sugar Land, TX. 77479	\$75.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Commonspirit

Date 1/16/26	Full name of contributor Cynthia Ginyard <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code [Redacted] Sugar Land, TX. 77498	\$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LaToya "Hunny" Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/26	5 Full name of contributor out-of-state PAC (ID#: _____) Poonam Kapoor	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [Redacted] Houston, TX. 77007		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Rose International
Date 2/8/26	Full name of contributor out-of-state PAC (ID#: _____) Pushpak and Virinder Kapoor	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land, TX. 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/8/26	Full name of contributor out-of-state PAC (ID#: _____) Yasmin Yavar	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land, TX. 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) ABA CILTA
Date 2/8/26	Full name of contributor out-of-state PAC (ID#: _____) Virali Modi-Parekh	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land, TX. 77479		
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) University of San Francisco

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LaToya "Hunny" Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/26	5 Full name of contributor out-of-state PAC (ID#: _____) Alexandria Robins	7 Amount of contribution (\$) \$50.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Houston, TX. 77042		
8 Principal occupation / Job title (See Instructions) Customer Service Rep		9 Employer (See Instructions) Texana
Date 2/13/26	Full name of contributor out-of-state PAC (ID#: _____) Tamisha Jones	Amount of contribution (\$) \$50.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Rosenberg, TX. 77471		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) T&J Helping Hands of TX.
Date 2/14/26	Full name of contributor out-of-state PAC (ID#: _____) Uriel Amey	Amount of contribution (\$) \$150.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Richmond, TX. 77407		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/20/26	Full name of contributor out-of-state PAC (ID#: _____) Kris Anthony	Amount of contribution (\$) \$50.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Rosenberg, TX. 77471		
Principal occupation / Job title (See Instructions) Machine Operator		Employer (See Instructions) Texas Tissue
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LATOYA "HUNNY" PHILLIPS		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/26	5 Full name of contributor SHERA CARTER out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ HOUSTON, TX. 77046	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) INSTRUCTOR		9 Employer (See Instructions) SAN JAC COMMUNITY COLLEGE
Date 3/3/26	Full name of contributor ROZZETTE MADURO out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ MISSOURI CITY, TX. 77459	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) INFORMATION TECHNOLOGIST		Employer (See Instructions) TRANXFORM IT CONSULTING
Date 3/15/26	Full name of contributor TITAN CAPRI out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ HOUSTON, TX. 77033	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) U of H
Date 3/16/26	Full name of contributor REBECCA COX out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ HOUSTON, TX. 77081	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SOCIAL WORKER		Employer (See Instructions) GIRLS INC. OF GREATER HOUSTON

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Latoya "Hunny" Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/26	5 Full name of contributor out-of-state PAC (ID#: _____) Lynn Aiken	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Maceo's
Date 3/16/26	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Crosby	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richmond, TX 77407		
Principal occupation / Job title (See Instructions) RN Administrator		Employer (See Instructions) 1st Trinity Home Health Care Inc
Date 3/16/26	Full name of contributor out-of-state PAC (ID#: _____) Carisa Maske	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Charlotte, NC 28213		
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) AKZO Nobel
Date 3/17/26	Full name of contributor out-of-state PAC (ID#: _____) Briana Walker	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code Hyattsville, MD 20784		
Principal occupation / Job title (See Instructions) Acct. Manager		Employer (See Instructions) Beyond Finance
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LATOYA "HUNNY" PHILLIPS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/19/26</i>	5 Full name of contributor <i>Brendon Bailey</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; _____ City; _____ State; _____ Zip Code <i>Houston, TX. 77080</i>		
8 Principal occupation / Job title (See Instructions) <i>Construction Project Manager</i>		9 Employer (See Instructions) <i>CDM Smith</i>
Date <i>3/20/26</i>	Full name of contributor <i>Dennis Crosby</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; _____ City; _____ State; _____ Zip Code <i>Houston, TX. 77042</i>		
Principal occupation / Job title (See Instructions) <i>Warehouse Man</i>		Employer (See Instructions) <i>MMR Warehouse</i>
Date <i>3/24/26</i>	Full name of contributor <i>Saba Umar</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; _____ City; _____ State; _____ Zip Code <i>Richmond, TX. 77407</i>		
Principal occupation / Job title (See Instructions) <i>Court Manager</i>		Employer (See Instructions) <i>Fort Bend County</i>
Date <i>3/26/26</i>	Full name of contributor <i>Lorraine Jasmine</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; _____ City; _____ State; _____ Zip Code <i>Houston, TX. 77065</i>		
Principal occupation / Job title (See Instructions) <i>Early Childhood Education</i>		Employer (See Instructions) <i>Incredible Kidz Daycare & Learning Center</i>

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