



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**

Philip Cash

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

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

Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. 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)

\$ 0

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1,060.64

4. TOTAL POLITICAL EXPENDITURES

\$ 20,816.08

**CONTRIBUTION  
BALANCE**

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

\$ 132,814.73

**OUTSTANDING  
LOAN TOTALS**

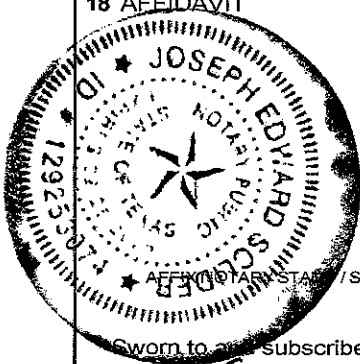
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,500.00

**18 AFFIDAVIT**

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



Sworn to and subscribed before me, by the said Philip Cash, this the 11 day of July, 20 24, 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

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Philip Cash

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input 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 E: LOANS	\$7,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$20,816.08
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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.

1 Total pages Schedule F1: 11		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 01.03.2024		5 Payee name BX3 Interactive			
6 Amount (\$) \$120.00		7 Payee address; City; State; Zip Code 17505 N. 79th Avenue, Suite 208D, Glendale, AZ 85308			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense  Website	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01.04.2024		Payee name Gringo's Restaurant			
Amount (\$) \$142.13		Payee address; City; State; Zip Code 2550 Interstate 45 North, Conroe, Texas 77303 10907			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas, complete Schedule T 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 01.10.2024		Payee name Montgomery County Fair Association			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 9201 Airport Road, Conroe, Texas 77303			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Event Donation made by Candidate		Description Check if travel outside of Texas, complete Schedule T 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 FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01.12.2024	<b>5</b> Payee name Liberty Belles Republican Women
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<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 73 Greenbriar, Conroe, Texas 77304
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Contribution/Donation	<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01.12.2024	Payee name Liberty Belles Republican Women
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 73 Greenbriar, Conroe, Texas 77304
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01.12.2024	Payee name Montgomery County Fair Association
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 9201 Airport Road, Conroe, Texas 77303
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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	Travel Out Of District
Candidate/Officeholder/Political Committee	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: <b>11</b>		2 FILER NAME <b>PHILIP CASH</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>01.13.2024</b>		5 Payee name <b>Montgomery County Fair Association</b>			
6 Amount (\$) <b>\$515.00</b>		7 Payee address; City; State; Zip Code <b>9201 Airport Road, Conroe, Texas 77303</b>			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>		(b) Description Check if travel outside of Texas, complete Schedule T 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 <b>01.13.2024</b>		Payee name <b>Love Heals Youth</b>			
Amount (\$) <b>\$312.00</b>		Payee address; City; State; Zip Code <b>212 Conroe Drive, Conroe, Texas 77301</b>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>		Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
			<b>Fundraiser Donation</b>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held	

Date <b>01.29.2024</b>		Payee name <b>Airbnb</b>			
Amount (\$) <b>\$684.67</b>		Payee address; City; State; Zip Code <b>2990 Lehmann Street, Eagle Pass, Texas 78852</b>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel Expense/Lodging</b>		Description Check if travel outside of Texas, complete Schedule T 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	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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	Travel Out Of District
Candidate/Officeholder/Political Committee	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: 11	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
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4 Date 01.29.2024	5 Payee name Republican Voters of Texas Pac
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6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 30310 Charlie Lane, Magnolia, Texas 77355
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Contribution/Donation	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01.29.2024	Payee name Wesley Doolittle Campaign
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Amount (\$) \$3,200.00	Payee address; City; State; Zip Code 6066 FM 1488 Suite 148-638, Magnolia, Texas 77354
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sheriff - Montgomery County	Office sought	Office held
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Date 01.30.2024	Payee name Mosaics of Mercy
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Amount (\$) \$1,067.67	Payee address; City; State; Zip Code 33114 Forest West Street, Magnolia, Texas 77354
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
		Fundraiser Donation

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02.13.2024	<b>5</b> Payee name Flip Flop Bling
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<b>6</b> Amount (\$) \$248.98	<b>7</b> Payee address; City; State; Zip Code 10598 FM 1097 West, Montgomery, Texas 77358
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<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule) Advertising/Merchandise Expense	<b>(b) Description</b> Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02.14.2024	Payee name Montgomery County Fair Association
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 9201 Airport Road, Conroe, Texas 77303
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02.16.2024	Payee name Knights of Columbus #5921
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 16663 North Hwy 75, Willis, Texas 77378
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02.20.2024	<b>5</b> Payee name Montgomery County Fair Association
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 9201 Airport Road, Conroe, Texas 77303
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Contribution/Donation	<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02.20.2024	Payee name Cilantro's Mexican Grill
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Amount (\$) \$114.91	Payee address; City; State; Zip Code 12501 Canyon Falls Blvd, Willis, Texas 77318
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02.29.2024	Payee name United States Postal Service
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Amount (\$) \$216.00	Payee address; City; State; Zip Code 609 North Campbell, Willis, Texas 77378
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Overhead	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
	Post Office Box for Campaign	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME PHILIP CASH		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03.01.2024		<b>5</b> Payee name Ducks Unlimited			
<b>6</b> Amount (\$) \$1,070.00		<b>7</b> Payee address; City; State; Zip Code 915 Front Street, Richmond, Texas 77469			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See categories listed at the top of this schedule) Contribution/Donation		<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03.08.2024		Payee name North Montgomery County Support Group			
Amount (\$) \$270.00		Payee address; City; State; Zip Code P. O. Box 42, Willis, Texas 77378			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T 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 03.11.2024		Payee name Willis Junior Bass Kats			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 10005 Texas Highway 75, Willis, Texas 77378			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T 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	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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	Travel Out Of District
Candidate/Officeholder/Political Committee	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: 11		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 03.16.2024		5 Payee name H.E.B.			
6 Amount (\$) \$108.46		7 Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description 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 03.16.2024		Payee name Son's of the American Legion #618			
Amount (\$) \$650.00		Payee address; City; State; Zip Code 13054 East FM 1097, Willis, Texas 77378			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		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 03.19.2024		Payee name Lake Conroe Area Republican Women PAC			
Amount (\$) \$500.00		Payee address; City; State; Zip Code P. O. Box 737, Montgomery, Texas 77356			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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	Travel Out Of District
Candidate/Officeholder/Political Committee	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: 11		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 03.26.2024		5 Payee name Montgomery County, City of Conroe, Conroe Independent School District Scholarship BBQ Cook-Off			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 10907 Waterview Circle, Willis, Texas 77318			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Contribution/Donation		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense  Fundraiser Donation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 03.27.2024		Payee name Always in Bloom Florest			
Amount (\$) \$233.77		Payee address; City; State; Zip Code 13731 FM 1097, Suite 200, Willis, Texas 77318			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Memorial Expense		Description Check if travel outside of Texas, complete Schedule T 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 04.22.2024		Payee name American Legion Auxillary #618			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 13054 East FM 1097, Willis, Texas 77378			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense  Fundraiser Sponsorship	
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 FROM POLITICAL CONTRIBUTIONS

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	Travel Out Of District
Candidate/Officeholder/Political Committee	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: 11		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 05.05.2024		5 Payee name H.E.B.			
6 Amount (\$) \$392.81		7 Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
			Fundraiser Sponsorship		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05.13.2024		Payee name Montgomery County, City of Conroe, Conroe Independent School District Scholarship BBQ Cook-Off			
Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 10907 Waterview Circle, Willis, Texas 77318			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T 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 05.17.2024		Payee name Baytown Shrine Club			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 110 West Main Street, Baytown, Texas 77520			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T 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	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>PHILIP CASH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>06.20.2024</b>	<b>5</b> Payee name <b>Restaurant Depot</b>
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<b>6</b> Amount (\$) <b>\$1,049.04</b>	<b>7</b> Payee address; City; State; Zip Code <b>23815 Tomball Parkway, Tomball, Texas 77375</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
		<b>Event Contribution/Donation</b>

<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06.25.2024</b>	Payee name <b>Montgomery County Shrine Club</b>
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Amount (\$) <b>\$320.00</b>	Payee address; City; State; Zip Code <b>10510 Harwin Drive, Houston, Texas 77036</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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