

**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: <b>22</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI PHILIP G. CASH	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="font-size: 24px; font-weight: bold;">RECEIVED</p> <p style="font-size: 18px; font-weight: bold;">JAN 12 2024</p> <p style="font-size: 20px; font-weight: bold;">22-pages JP</p> <p>Date Hand-delivered or Date Postmarked</p> </div>	
	NICKNAME LAST SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE POB 2099, WILLIS, TEXAS 77378		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( 936 ) 230-8655		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI HEATHER L. CASH	Receipt #	Amount \$
	NICKNAME LAST SUFFIX	Date Processed	
	Date Imaged		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE POB 2099, Willis, Texas 77378		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( 936 ) 230-8433		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year 07 / 01 / 2023      THROUGH      12 / 31 / 2023		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Constable, Precinct 1, Montgomery County	<b>13 OFFICE SOUGHT</b> (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**

Phillip 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

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 1,750.00

**EXPENDITURE  
TOTALS**

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

\$ 1,508.24

4. TOTAL POLITICAL EXPENDITURES

\$ 31,856.22

**CONTRIBUTION  
BALANCE**

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

\$ 153,630.81

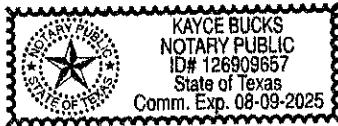
**OUTSTANDING  
LOAN TOTALS**

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kayce Bucks, this the 12 day of January, 2024, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Kayce Bucks  
Printed name of officer administering oath

Admin Manager  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,750.00
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 E: LOANS	\$ 7,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 31,856.22
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
1 of 1

2 FILER NAME

Philip G. Cash

3 Filer ID (Ethics Commission Filers)

4 Date  
07.26.2023

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Charlie Riley

6 Contributor address; City; State; Zip Code

POB 1605, Magnolia, Texas 77353

7 Amount of contribution (\$)  
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
07.26.2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Robert Walker

Contributor address; City; State; Zip Code

P. O. Box 558, Pinehurst, Texas 77362

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
07.26.2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Laura Marburger

Contributor address; City; State; Zip Code

220 North Thompson, Suite 103, Conroe, Texas 77301

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
07.26.2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Linebarger Goggan Blair & Sampson

Contributor address; City; State; Zip Code

P. O. Box 17428, Austin, Texas 78760

Amount of contribution (\$)  
\$250.00

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.

# 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: 01	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 07.03.2023	<b>5</b> Payee name Facebook
-----------------------------	---------------------------------

<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 1601 South California Avenue, Palo Alto, CA 94304
----------------------------------	--

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<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 07.05.2023	Payee name Axiom Strategies
--------------------	--------------------------------

Amount (\$) \$772.50	Payee address; City; State; Zip Code 1001 Congress Avenue, Suite 100, Austin, Texas 78701
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting 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 07.06.2023	Payee name Montgomery County Shrine Club
--------------------	---

Amount (\$) \$105.00	Payee address; City; State; Zip Code 10510 Harwin Drive, Houston, Texas 77036
-------------------------	--

<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
--	-------------------------------	---------------	-------------

**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: 02	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
----------------------------------	-----------------------------	---------------------------------------

4 Date 07.07.2023	5 Payee name Challenged Athletes Foundation
----------------------	--

6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 9591 Waples Street, San Diego, California 92121
---------------------------	---

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
------------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 07.11.2023	Payee name Honor Up
--------------------	------------------------

Amount (\$) \$250.00	Payee address; City; State; Zip Code 1301 North Thompson Street, Conroe, Texas 77301
-------------------------	---

<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 07.11.2023	Payee name Willis Ag Booster Club
--------------------	--------------------------------------

Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P. O. Box 1735, 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
--	-------------------------------	---------------	-------------

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: 03	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 07.25.2023	<b>5</b> Payee name C C Plus
-----------------------------	---------------------------------

<b>6</b> Amount (\$) \$3,497.00	<b>7</b> Payee address; City; State; Zip Code 4205 West Davis, Conroe, Texas 77304
------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<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	Payee name
07.26.2023	Morgan Luttrell Campaign

Amount (\$) \$200.00	Payee address; City; State; Zip Code 1600 West Loop South, Suite 2640, Houston, Texas 77027
-------------------------	--

<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 Congressman Texas District 8	Office sought	Office held
--	---	---------------	-------------

Date	Payee name
07.28.2023	Lynx Spirit Booster Club

Amount (\$) \$150.00	Payee address; City; State; Zip Code 1304 North Campbell Street, 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
--	-------------------------------	---------------	-------------

**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: 04	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 08.01.2023	<b>5</b> Payee name Facebook
-----------------------------	---------------------------------

<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 1601 South California Avenue, Palo Alto, CA 94304
----------------------------------	--

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<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 08.03.2023	Payee name Advantage Specialties
--------------------	-------------------------------------

Amount (\$) \$595.40	Payee address; City; State; Zip Code POB 6429, Huntsville, Texas 77342-6429
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising 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 08.03.2023	Payee name Advantage Specialties
--------------------	-------------------------------------

Amount (\$) \$1,346.59	Payee address; City; State; Zip Code POB 6429, Huntsville, Texas 77342-6429
---------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising 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
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# 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: 05	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 08.04.2023	<b>5</b> Payee name Axiom Strategies
-----------------------------	---

<b>6</b> Amount (\$) \$772.50	<b>7</b> Payee address; City; State; Zip Code 1001 Congress Avenue, Suite 100, Austin, Texas 78701
----------------------------------	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting Expense	<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 08.07.2023	Payee name Arrazate Marketing
--------------------	----------------------------------

Amount (\$) \$400.00	Payee address; City; State; Zip Code 215 Pine Shadow Drive, Conroe, Texas 77301
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising 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 08.07.2023	Payee name Montgomery County Republican Club
--------------------	---

Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 921 West Austin Street, Conroe, Texas 77301
---------------------------	---

<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
--	-------------------------------	---------------	-------------

**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: 06	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
----------------------------------	-----------------------------	---------------------------------------

4 Date 08.11.2023	5 Payee name Restaurant Depot
----------------------	----------------------------------

6 Amount (\$) \$238.94	7 Payee address; City; State; Zip Code 23815 Tomball Parkway, Tomball, Texas 77375
---------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Event 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 08.12.2023	Payee name Honor Cafe
--------------------	--------------------------

Amount (\$) \$162.20	Payee address; City; State; Zip Code 1301 North Thompson Street, Conroe, Texas 77301
-------------------------	---

<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 08.15.2023	Payee name Montgomery ISD Education Foundation
--------------------	---

Amount (\$) \$250.00	Payee address; City; State; Zip Code 20774 Eva Street, Montgomery, Texas 77356
-------------------------	---

<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 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 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: 07	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 08.15.2023	<b>5</b> Payee name Conroe Bargain Box
-----------------------------	---

<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code 123 North Thompson, Conroe, Texas 77301
----------------------------------	--

<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 08.23.2023	Payee name Reguladores Law Enforcement Motorcycle Club
--------------------	---

Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 175, Corpus Christi, Texas 78403
-------------------------	--

<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 08.28.2023	Payee name Son's of the American Legion #618
--------------------	---

Amount (\$) \$200.00	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
-------------------------------	---	--

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: 08	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 09.05.2023	<b>5</b> Payee name Axiom Strategies
-----------------------------	---

<b>6</b> Amount (\$) \$772.50	<b>7</b> Payee address; City; State; Zip Code 1001 Congress Avenue, Suite 100, Austin, Texas 78701
----------------------------------	---

<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<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 09.07.2023	Payee name Casa Rodriguez Mexican Restaurant
--------------------	---

Amount (\$) \$218.53	Payee address; City; State; Zip Code 300 North Bryan Avenue, Bryan, Texas 77803
-------------------------	--

<b>8</b>  PURPOSE OF EXPENDITURE	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 09.12.2023	Payee name Charlie Riley Campaign
--------------------	--------------------------------------

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P. O. Box 558, Pinehurst, Texas 77362
---------------------------	---

<b>8</b>  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 Commissioner Charlie Riley, Montgomery County Pct 2	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: 09	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 09.27.2023	<b>5</b> Payee name Knights of Columbus #5921
-----------------------------	--

<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address; City; State; Zip Code 16663 North Hwy 75, Willis, Texas 77378
----------------------------------	--

<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 10.02.2023	Payee name Dosey Doe
--------------------	-------------------------

Amount (\$) \$101.17	Payee address; City; State; Zip Code 25911 Interstate 45 North, Spring, Texas 77380
-------------------------	--

<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 10.03.2023	Payee name McAfee
--------------------	----------------------

Amount (\$) \$162.36	Payee address; City; State; Zip Code 2821 Mission College Boulevard, Santa Clara, California 95054
-------------------------	---

<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
-------------------------------	---	--

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: 10		<b>2</b> FILER NAME PHILIP CASH		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10.03.2023		<b>5</b> Payee name Sam's Club			
<b>6</b> Amount (\$) \$158.01		<b>7</b> Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10.09.2023		Payee name Axiom Strategies			
Amount (\$) \$1,030.00		Payee address; City; State; Zip Code 1001 Congress Avenue, Suite 100, Austin, Texas 78701			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10.11.2023		Payee name Boy Scout Troop #618			
Amount (\$) \$150.00		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		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

**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)
---	------------------------------------	--

<b>4</b> Date 10.13.2023	<b>5</b> Payee name Kroger Grocery
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 12605 IH 45 North, Willis, Texas 77318
----------------------------------	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<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 10.17.2023	Payee name Arabia Shrine
--------------------	-----------------------------

Amount (\$) \$375.00	Payee address; City; State; Zip Code 10510 Harwin Drive, Houston, Texas 77036
-------------------------	--

<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 10.30.2023	Payee name Bryan Christ
--------------------	----------------------------

Amount (\$) \$300.00	Payee address; City; State; Zip Code 921 West Austin Street, Conroe, Texas 77301
-------------------------	---

<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
--	-------------------------------	---------------	-------------

**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: 12	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 11/01/2023	<b>5</b> Payee name Reguladores Law Enforcement Motorcycle Club
-----------------------------	--

<b>6</b> Amount (\$) \$2,110.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 175, Corpus Christi, Texas 78403
------------------------------------	---

<b>8</b>  PURPOSE OF EXPENDITURE	<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 11.02.2023	Payee name Will Metcalf Campaign
--------------------	-------------------------------------

Amount (\$) \$300.00	Payee address; City; State; Zip Code 100 Nugent Street, Conroe, Texas 77301
-------------------------	--

<b>8</b>  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 State Representative - Texas	Office sought	Office held
--	---	---------------	-------------

Date 11.03.2023	Payee name Mark Keough Campaign
--------------------	------------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 2513, Conroe, Texas 77305
-------------------------	---

<b>8</b>  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
--	-------------------------------	---------------	-------------

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: 13	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 11.03.2023	<b>5</b> Payee name Axiom Strategies
-----------------------------	---

<b>6</b> Amount (\$) \$1,030.00	<b>7</b> Payee address; City; State; Zip Code 1001 Congress Avenue, Suite 100, Austin, Texas 78701
------------------------------------	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting Expense	<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 11.03.2023	Payee name Hope's Bridge
--------------------	-----------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code 13095 Texas 105, Suite 200, Conroe, Texas 77304
-------------------------	---

<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 11.07.2023	Payee name Home Depot
--------------------	--------------------------

Amount (\$) \$134.23	Payee address; City; State; Zip Code 1341 West Davis, Conroe, Texas 77305
-------------------------	--

<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
-------------------------------	---	--

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: 14	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
----------------------------------	-----------------------------	---------------------------------------

4 Date 11.11.2023	5 Payee name Family Promise
----------------------	--------------------------------

6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1207 North Thompson, Conroe, Texas 77301
---------------------------	--

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
------------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11.11.2023	Payee name Family Promise
--------------------	------------------------------

Amount (\$) \$1,955.00	Payee address; City; State; Zip Code 1207 North Thompson, Conroe, Texas 77301
---------------------------	--

<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11.13.2023	Payee name Montgomery County Republican Club
--------------------	---

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 921 West Austin Street, Conroe, Texas 77301
---------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Filing Fee	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
---	-------------------------------	---------------	-------------

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: 15	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 11.14.2023	<b>5</b> Payee name HEB
-----------------------------	----------------------------

<b>6</b> Amount (\$) \$117.82	<b>7</b> Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378
----------------------------------	---

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<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 11.28.2023	Payee name HEB
--------------------	-------------------

Amount (\$) \$158.74	Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378
-------------------------	--

<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 11.28.2023	Payee name Sam's Club
--------------------	--------------------------

Amount (\$) \$264.35	Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304
-------------------------	--

<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
--	-------------------------------	---------------	-------------

**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: 16	<b>2</b> FILER NAME PHILIP CASH		<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 12.01.2023	<b>5</b> Payee name Hope's Bridge					
<b>6</b> Amount (\$) \$245.00	<b>7</b> Payee address; City; State; Zip Code 13095 Texas 105, Suite 200, Conroe, Texas 77304					
<b>8</b>  PURPOSE OF EXPENDITURE	<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			
	<table border="0"> <tr> <td><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

Date 12.04.2023	Payee name Curt Maddux Campaign					
Amount (\$) \$250.00	Payee address; City; State; Zip Code 104 Hunters Trail, Conroe, Texas 77301					
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			
	<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name City Council Conroe, Texas</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name City Council Conroe, Texas	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name City Council Conroe, Texas	Office sought	Office held			

Date 12.06.2023	Payee name Jason Pelton's Memorial Scholarship Foundation					
Amount (\$) \$260.00	Payee address; City; State; Zip Code 15097 Capitol Hill, Montgomery, Texas 77316					
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			
	<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 17	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 12.06.2023	<b>5</b> Payee name Jason Pelton's Memorial Scholarship Foundation
-----------------------------	---

<b>6</b> Amount (\$) \$2,225.00	<b>7</b> Payee address; City; State; Zip Code 15097 Capitol Hill, Montgomery, Texas 77316
------------------------------------	--

<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 12.09.2023	Payee name HEB
--------------------	-------------------

Amount (\$) \$195.48	Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378
-------------------------	--

<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 12.10.2023	Payee name Sam's Club
--------------------	--------------------------

Amount (\$) \$344.66	Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304
-------------------------	--

<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
--	-------------------------------	---------------	-------------

**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: 18	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 12.29.2023	<b>5</b> Payee name Access Builds Children
-----------------------------	---

<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 301 North Thompson, Suite 215, Conroe, Texas 77301
----------------------------------	---

<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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<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 <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
-------------	--------------------------------------

<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 <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**