

# 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>20</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI PHILIP G. CASH NICKNAME                      LAST                      SUFFIX	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">JAN 15 2025</p> <p style="text-align: center; font-size: 1.5em; margin-top: 10px;">20</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">Date Received</p> <hr/> <p style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE POB 2099, WILLIS, TEXAS 77378 <input type="checkbox"/> Change of Address		
<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 NICKNAME                      LAST                      SUFFIX	Receipt #	Amount \$
<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	Date Processed	
<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 / 2024                      THROUGH                      12 / 31 / 2024		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 11 / 05 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Constable Precinct 1, Montgomery County	<b>13 OFFICE SOUGHT (if known)</b>	

GO TO PAGE 2

# 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)

\$ 5,200.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 15,265.87

CONTRIBUTION  
BALANCE

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

\$ 122,748.86

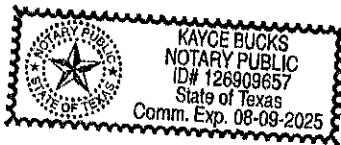
OUTSTANDING  
LOAN TOTALS

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kayce Bucks, this the 15<sup>th</sup> day of January, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# 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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,200.00
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	\$ 15,265.87
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: 01
2 FILER NAME Philip G. Cash		3 Filer ID (Ethics Commission Filers)
4 Date 07.01.2024	5 Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> North Shore Republican Women 6 Contributor address; <span style="float: right;">City; State; Zip Code</span> P. O. Box 1993, Montgomery, Texas 77356	7 Amount of contribution (\$) \$3,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09.09.2024	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> Lake Conroe Area Republican Women PAC Contributor address; <span style="float: right;">City; State; Zip Code</span> P. O. Box 737, Montgomery, Texas 77356	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10.10.2024	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> Liberty Belles Republican Women Contributor address; <span style="float: right;">City; State; Zip Code</span> POB 1081, Conroe, Texas 77305	Amount of contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span>  Contributor address; <span style="float: right;">City; State; Zip Code</span>	Amount of contribution (\$)
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: 01 of 16		2 FILER NAME <b>PHILIP CASH</b>		3 Filer ID (Ethics Commission Filers)	
4 Date 06.25.2024		5 Payee name HEB			
6 Amount (\$) \$50.66		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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 07.03.2024		Payee name Sams's Club			
Amount (\$) \$139.18		Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304			
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  Event Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 12.23.2024		Payee name Toys for Tots			
Amount (\$) \$260.00		Payee address; City; State; Zip Code 815221 Quantico Gateway Drive, Triangle, Virginia 22172			
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: 02 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08.01.2024	<b>5</b> Payee name TUFF - Texans United for Freedom Foundation
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<b>6</b> Amount (\$) \$259.07	<b>7</b> Payee address; City; State; Zip Code 6606 FM 1488, Suite 148 - 336, Magnolia, Texas 77354
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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 08.06.2024	Payee name Willis Ag Booster Club
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Amount (\$) \$1,350.00	Payee address; City; State; Zip Code P. O. Box 1735, 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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Date 08.08.2024	Payee name Challenged Athletes Foundation
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Amount (\$) \$125.00	Payee address; City; State; Zip Code 2500 Westview Blvd #, Conroe, Texas 77384
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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: 03 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08.13.2024	<b>5</b> Payee name BX3 Interactive
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<b>6</b> Amount (\$) \$90.00	<b>7</b> Payee address; City; State; Zip Code 17505 N. 79th Avenue, Suite 208D, Glendale, AZ 85308
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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) Office Overhead	<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
		Web Services

<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 08.23.2024	Payee name Amazon
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Amount (\$) \$143.24	Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1900, Seattle, Washington 98144
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies for Campaign	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
		Printer Expense - Ink

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08.26.2024	Payee name Sam's Club
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Amount (\$) \$168.54	Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304
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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
		Event 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  
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: 04 of 16	2 FILER NAME <b>PHILIP CASH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date 08.29.2024	5 Payee name Family Promise of Montgomery County
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1207 North Thompson, Conroe, Texas 77301
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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 09.05.2024	Payee name North Shore Republican Women
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 1993, Montgomery, Texas 77356
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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 09.09.2024	Payee name Go Daddy
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Amount (\$) \$313.57	Payee address; City; State; Zip Code 14455 North Hayden Road, Scottsdale, Arizona 85260
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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
		Web Services

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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: 05 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09.09.2024	<b>5</b> Payee name Willis Independant School District Swim & Dive Booster Club
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 612 North Campbell, Willis, Texas 77378
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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 09.10.2024	Payee name Son's of the American Legion #618
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 13054 East FM 1097, 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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Date 09.13.2024	Payee name Wix.com
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Amount (\$) \$376.71	Payee address; City; State; Zip Code 40 Nermal Tel-Aviv, Tel-Aviv District 6350671
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Campaign Advertising	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
	Web Services	

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

1 Total pages Schedule F1: 06 of 16  
2 FILER NAME: PHILIP CASH  
3 Filer ID (Ethics Commission Filers)

4 Date: 09.14.2024  
5 Payee name: Reguladores Law Enforcement Motorcycle Club

6 Amount (\$): \$250.00  
7 Payee address; City; State; Zip Code: POB 2545, Conroe, Texas 77305

8 PURPOSE OF EXPENDITURE: Contribution/Donation  
(a) Category (See categories listed at the top of this schedule)  
(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: 09.23.2024  
Payee name: National Constable and Marshall Association

Amount (\$): \$125.00  
Payee address; City; State; Zip Code: 1244 Texas Avenue, Shreveport, Louisiana 71101

PURPOSE OF EXPENDITURE: Contribution/Donation  
Category (See categories listed at the top of this schedule)  
Description: Check if travel outside of Texas, complete Schedule T  
Check if Austin, TX, officeholder living expense

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

Date: 09.30.2024  
Payee name: Bentwater Country Club

Amount (\$): \$61.43  
Payee address; City; State; Zip Code: 800 Bentwater Drive, Montgomery, Texas 77356

PURPOSE OF EXPENDITURE: Food/Beverage Expense  
Category (See categories listed at the top of this schedule)  
Description: Check if travel outside of Texas, complete Schedule T  
Check if Austin, TX, officeholder living expense

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

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 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10.03.2024	<b>5</b> Payee name ;McAfee
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<b>6</b> Amount (\$) \$162.36	<b>7</b> Payee address; City; State; Zip Code 2821 Mission College Blvd, Santa Clara, California 95054
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Office Overhead	<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense  Computer Program-Security
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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 10.05.2024	Payee name Reguladores Law Enforcement Motorcycle Club
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Amount (\$) \$445.00	Payee address; City; State; Zip Code POB 2545, Conroe, Texas 77305
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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 10.10.2024	Payee name North Shore Republican Women
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Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 1993, Montgomery, Texas 77356
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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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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 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10.15.2024	<b>5</b> Payee name BX3 Interactive
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<b>6</b> Amount (\$) \$90.00	<b>7</b> Payee address; City; State; Zip Code 17505 N. 79th Avenue, Suite 208D, Glendale, AZ 85308
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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) Office Overhead	<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
		Web Services

<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 10.15.2024	Payee name Liberty Belles Republican Women
--------------------	---

Amount (\$) \$40.00	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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10.15.2024	Payee name Way West Grill
--------------------	------------------------------

Amount (\$) \$168.05	Payee address; City; State; Zip Code 16708 Termini San Luis Pass Road, Jamaica Beach, Texas 77554
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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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10.20.2024	<b>5</b> Payee name Reguladores Law Enforcement Motorcycle Club
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<b>6</b> Amount (\$) \$1,100.00	<b>7</b> Payee address; City; State; Zip Code POB 2545, Conroe, Texas 77305
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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 10.21.2024	Payee name Charlie Riley Campaign
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Amount (\$) \$500.00	Payee address; City; State; Zip Code POB 1605, Magnolia, Texas 77353
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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 10.22.2024	Payee name Honor Cafe
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Amount (\$) \$184.86	Payee address; City; State; Zip Code 103 North Thompson, Suite 101, Conroe, Texas 77301
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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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# 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 of 16	<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 10.25.2024	<b>5</b> Payee name Willis Independant School District Swim & Dive Booster Club
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<b>6</b> Amount (\$) \$115.00	<b>7</b> Payee address; City; State; Zip Code 612 North Campbell, Willis, Texas 77378
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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

<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	Payee name
10.27.2024	Family Promise of Montgomery County

Amount (\$)	Payee address; City; State; Zip Code
\$2,200.00	P, O, Box 692, 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
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Date	Payee name
11.04.2024	Love Heals Youth

Amount (\$)	Payee address; City; State; Zip Code
\$250.00	212 Conroe Drive, 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
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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 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11.05.2024	<b>5</b> Payee name Texan's for Morgan Luttrell
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<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 403 Corporate Woods Drive, Suite 101, Magnolia, Texas 77354
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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 11.05.2024	Payee name Honor Cafe
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Amount (\$) \$80.62	Payee address; City; State; Zip Code 103 North Thompson, Suite 101, Conroe, Texas 77301
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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 11.07.2024	Payee name Microsoft
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Amount (\$) \$75.76	Payee address; City; State; Zip Code 750 Town & Country Blvd, Suite 1000, Houston, Texas 77024
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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
		Computer Programs

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11.07.2024	<b>5</b> Payee name Buddy Kellum
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<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 115 Business Park Drive, Willis, Texas 77378
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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) Event Expense	<b>(b)</b> Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
		Law Enforcement Security

<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 11.25.2024	Payee name Knights of Columbus #5921
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Amount (\$) \$200.00	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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11.25.2024	Payee name Hope's Bridge
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 13095 Hwy 105, Suite 200, 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

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: 13 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12.01.2024	<b>5</b> Payee name Kroger Grocery
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<b>6</b> Amount (\$) \$471.98	<b>7</b> Payee address; City; State; Zip Code 12605 IH 45 North, Willis, Texas 77318
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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) Food/Beverage for Event	<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 12.01.2024	Payee name H-E-B Grocery
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Amount (\$) \$408.16	Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage for Event	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 12.01.2024	Payee name Sam's Club
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Amount (\$) \$388.16	Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage for Event	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: 14 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12.03.2024	<b>5</b> Payee name Party City
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<b>6</b> Amount (\$) \$18.40	<b>7</b> Payee address; City; State; Zip Code 1306 West Davis, 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) Event Expense	<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	Payee name
12.03.2024	Dollar Tree

Amount (\$) \$31.12	Payee address; City; State; Zip Code 2111 West Davis, Conroe, Texas 77304
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event 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	Payee name
12.03.2024	Conroe Professional Firefighter's Association

Amount (\$) \$500.00	Payee address; City; State; Zip Code POB 306, Conroe, Texas 77305
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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: 15 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12.03.2024	<b>5</b> Payee name Texas Top Cop Shop
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<b>6</b> Amount (\$) \$359.79	<b>7</b> Payee address; City; State; Zip Code 1109 West Dallas Street, Conroe, Texas 77301
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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) Event Expense	<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 12.04.2024	Payee name H-E-B Grocery
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Amount (\$) \$99.47	Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage for Event	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 12.18.2024	Payee name Jason Pelton Memorial Scholarship Foundation
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Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 15097 Capitol Hill, Montgomery, Texas 77316
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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: 16 of 16	<b>2</b> FILER NAME PHILIP CASH	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 12.19.2024	<b>5</b> Payee name Honor Cafe				
<b>6</b> Amount (\$) \$139.74	<b>7</b> Payee address; City; State; Zip Code 103 North Thompson, Suite 101, Conroe, Texas 77301				
<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			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">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	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			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">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		
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			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">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		

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