

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCEREPORT

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: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI PHILIP G. CASH NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # JAN 14 2026 Date Processed 21 pages - jp Date Imaged	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 672-1108		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI HEATHER L. CASH NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE POB 2099, Willis, Texas 77378		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 230-8433		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2025 THROUGH 12 / 31 / 2025		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 24 / 2016 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Constable Precinct 1, Montgomery County		13 OFFICE SOUGHT (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)

\$ 250.00

EXPENDITURE
TOTALS

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

\$ 943.84

4. TOTAL POLITICAL EXPENDITURES

\$ 29,668.18

CONTRIBUTION
BALANCE

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

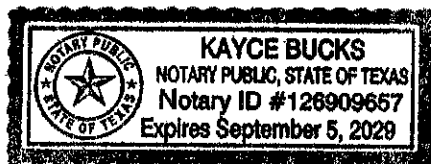
\$ 13,461.80

OUTSTANDING
LOAN TOTALS

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

\$ 7,500.00

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Philip Cash, this the 14th day of January, 2026, 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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 29,668.18
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	\$

Type text here

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
07.03.2025**5** Full name of contributor
Alton & Maria Hues

out-of-state PAC (ID#: _____)

**7** Amount of contribution (\$)
\$250.00**6** Contributor address;

City; State; Zip Code

27993 Bays Cemetary Road, Richards, Texas 77873

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)



Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)



Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)



Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

1 Total pages Schedule F1: 01 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
4 Date 07.01.2025	5 Payee name Sam's Club	
6 Amount (\$) \$263.69	7 Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 07.03.2025	Payee name Dollar Tree	
Amount (\$) \$59.54	Payee address; City; State; Zip Code 220 South Loop 336 West, Conroe, Texas 77304	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 07.03.2025	Payee name Sam's Club	
Amount (\$) \$66.08	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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: 02 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 07.05.2025		5 Payee name Montgomery County Constable Precinct 1 Search and Recovery			
6 Amount (\$) \$295.28		7 Payee address; City; State; Zip Code 115 Business Park Drive, Willis, Texas 77378			
8 PURPOSE OF EXPENDITURE		(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					
Date 07.11.2025		Payee name 4Imprint			
Amount (\$) \$1,167.97		Payee address; City; State; Zip Code 101 Commerce Street, Oshkosh, Wisconsin 54901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing 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					
Date 07.11.2025		Payee name K & C Meat Processing			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 1124 Durden, Navasota, Texas 77868			
PURPOSE OF EXPENDITURE		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	
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
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: 03 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 07.22.2025		5 Payee name Sam's Club			
6 Amount (\$) \$86.43		7 Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07.22.2025		Payee name Sam's Club			
Amount (\$) \$60.50		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07.25.2025		Payee name Montgomery County Shrine Club			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 10510 Harwin Drive, Houston, Texas 77036			
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					
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: 04 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
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4 Date 07.26.2025	5 Payee name Reguladores Law Enforcement Motorcycle Club
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6 Amount (\$) \$635.00	7 Payee address; City; State; Zip Code P. O. B. 2545, Conroe, Texas 77305
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8 PURPOSE OF EXPENDITURE	(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
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Date 07.26.2025	Payee name Corpus Christi Police Officer's Association
--------------------	-----------------------------------------------------------

Amount (\$) \$200.00	Payee address; City; State; Zip Code 3122 Leopard Street, Corpus Christi, Texas 78408
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07.29.2025	Payee name McAfee
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Amount (\$) \$97.41	Payee address; City; State; Zip Code 6220 America Center Drive, San Jose, California 95002
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PURPOSE OF EXPENDITURE	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
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: 05 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
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4 Date 07.30.2025	5 Payee name Texan's for Morgan Luttrell
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6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code P. O. Box 1245, Magnolia, Texas 77353
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8 PURPOSE OF EXPENDITURE	(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 Morgan Luttrell	Office sought	Office held Congressman Texas District 8
---------------------------------------------------------------------	--------------------------------------------------	---------------	---------------------------------------------

Date 08.07.2025	Payee name TUFF - Texans United for Freedom Foundation
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 6606 FM 1488, Suite 148 - 336, Magnolia, Texas 77354
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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
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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 08.10.2025	Payee name Yes to Youth - Bridgeway to a Brighter Future
--------------------	-------------------------------------------------------------

Amount (\$) \$1,225.00	Payee address; City; State; Zip Code 8701 New Trails Drive, Suite 118, The Woodlands, Texas 77381
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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
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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.

1 Total pages Schedule F1: 06 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
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4 Date 08.15.2025	5 Payee name BX3 Interactive
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6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 17505 N. 79th Avenue, Suite 208D, Glendale, AZ 85308
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(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
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Date 08.16.2025	Payee name TUFF - Texans United for Freedom Foundation
--------------------	-----------------------------------------------------------

Amount (\$) \$130.00	Payee address; City; State; Zip Code 6606 FM 1488, Suite 148 - 336, Magnolia, Texas 77354
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08.19.2025	Payee name Family Promise of Montgomery County
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Amount (\$) \$120.00	Payee address; City; State; Zip Code P. O. Box 692, Conroe, Texas 77301
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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
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: 07 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 08.20.2025		5 Payee name Scharlene Valdez Campaign			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 210 West Davis, Conroe, Texas 77301			
8 PURPOSE OF EXPENDITURE		(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 Scharlene Valdez		Office sought Montgomery County County Court at Law Judge #6	Office held
Date 08.20.2025		Payee name Family Promise of Montgomery County			
Amount (\$) 100.00		Payee address; City; State; Zip Code P. O. Box 692, 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 08.20.2025		Payee name Willis Education Foundation			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 612 North Campbell, Willis, Texas 77378			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <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.

1 Total pages Schedule F1: 08 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 08.23.2025		5 Payee name Willis Education Foundation			
6 Amount (\$) \$120.00		7 Payee address; City; State; Zip Code 612 North Campbell, Willis, Texas 77378			
8 PURPOSE OF EXPENDITURE		(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 08.27.2025		Payee name Liberty Belles Republican Women			
Amount (\$) \$40.00		Payee address; City; State; Zip Code POB 1081, Conroe, Texas 77305			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08.28.2025		Payee name Will Metcalf Campaign			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code P. O. Box 12910, Austin, Texas 78711			
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 Will Metcalf		Office sought Office held Texas House of Representatives District 16	
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: 09 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)				
4 Date 08.28.2025		5 Payee name Sacred Heart Catholic Church						
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 109 North Frazier Street, Conroe, Texas 77301						
8 PURPOSE OF EXPENDITURE		(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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 08.29.2025		Payee name Mark Keough Campaign						
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 26 Woodmere Place, The Woodlands, Texas 77381						
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 09.09.2025		Payee name Go Daddy						
Amount (\$) \$102.21		Payee address; City; State; Zip Code 14455 North Hayden Road, Scottsdale, Arizona 85260						
PURPOSE OF EXPENDITURE		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 ONLY if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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: 10 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 09.10.2025		5 Payee name Wix.com			
6 Amount (\$) \$376.71		7 Payee address; City; State; Zip Code 40 Nemat Tel-Aviv, Tel-Aviv District 6350671			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(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 09.12.2025		Payee name Unique Embroidery			
Amount (\$) \$705.92		Payee address; City; State; Zip Code 10648 FM 1097 Suite C, Willis, Texas 77318			
PURPOSE OF EXPENDITURE		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 09.12.2025		Payee name Family Promise of Montgomery County			
Amount (\$) \$102.50		Payee address; City; State; Zip Code P. O. Box 692, 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
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4 Date 09.24.2025	5 Payee name Maxine's Pizza
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6 Amount (\$) \$250.25	7 Payee address; City; State; Zip Code 700 Central Avenue, Hot Springs, Arkansas 71901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
10.01.2025	Montgomery County Shrine Club

Amount (\$) \$400.00	Payee address; City; State; Zip Code 10510 Harwin Drive, Houston, Texas 77036
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
10.01.2025	Scott Baker Campaign

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 502 West Montgomery #709, Willis, Texas 77378
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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 Scott Baker	Office sought Montgomery County Republican Chair	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: 12 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 10.06.2025		5 Payee name Charlie Riley Campaign			
6 Amount (\$) \$2,400.00		7 Payee address; City; State; Zip Code P. O. Box 1605, Magnolia, Texas 77353			
8 PURPOSE OF EXPENDITURE		(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					
Date 10.06.2025		Payee name Sam's Club			
Amount (\$) \$225.69		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10.13.2025		Payee name Kristin Bays Campaign			
Amount (\$) \$268.61		Payee address; City; State; Zip Code P. O. Box 558, Pinehurst, Texas 77362			
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 Kristin Bays		Office sought Montgomery County 284th District Judge	
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: 13 of 17		2 FILER NAME PHILIP CASH		3 Filer ID (Ethics Commission Filers)	
4 Date 10.14.2025		5 Payee name Robert Walker Campaign			
6 Amount (\$) \$3,700.00		7 Payee address; City; State; Zip Code P. O. Box 558, Pinehurst, Texas 77362			
8 PURPOSE OF EXPENDITURE		(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 Robert Walker		Office sought Montgomery County Commissioner Precinct 1	
Date 10.19.2025		Payee name Sam's Club			
Amount (\$) \$119.40		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10.23.2025		Payee name Family Promise of Montgomery County			
Amount (\$) \$240.00		Payee address; City; State; Zip Code P. O. Box 692, 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 14 of 17
2 FILER NAME: PHILIP CASH
3 Filer ID (Ethics Commission Filers)

4 Date: 10.24.2025
5 Payee name: Matt Gray Campaign

6 Amount (\$): \$1,000.00
7 Payee address; City; State; Zip Code: 23628 Roberts Road, New Caney, Texas 77357

8 PURPOSE OF EXPENDITURE: (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: Matt Gray
Office sought: Montgomery County Commissioner Precinct 4
Office held:

Date: 10.24.2025
Payee name: Honor Cafe

Amount (\$): \$133.44
Payee address; City; State; Zip Code: 103 North Thompson, Suite 101< Conroe, Texas 77301

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

Date: 10.26.2025
Payee name: Reguladores Law Enforcement Motorcycle Club

Amount (\$): \$2,100.00
Payee address; City; State; Zip Code: P. O. BOX 2545. Conroe, Texas 77305

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

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

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)		
4 Date 11.10.2025	5 Payee name Family Promise of Montgomery County			
6 Amount (\$) \$945.00	7 Payee address; City; State; Zip Code P. O. Box 692, Conroe, Texas 77301			
8 PURPOSE OF EXPENDITURE	(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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 11.17.2025	Payee name RVTX - Republican Voters Texas			
Amount (\$) \$515.38	Payee address; City; State; Zip Code 30310 Charlie Lane, Magnolia, Texas 77355			
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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 11.25.2025	Payee name Conroe Firefighter's Association			
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code POB 306, Conroe, Texas 77305			
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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
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.

1 Total pages Schedule F1: 16 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
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4 Date 11.29.2025	5 Payee name Sam's Club
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6 Amount (\$) \$357.74	7 Payee address; City; State; Zip Code 2000 Westview Blvd #F, Conroe, Texas 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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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 11.29.2025	Payee name HEB
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Amount (\$) \$337.09	Payee address; City; State; Zip Code 12350 Interstate 45 North, Willis, Texas 77378
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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
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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 12.02.2025	Payee name Kroger Grocery
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Amount (\$) \$334.40	Payee address; City; State; Zip Code 12605 IH 45 North, Willis, Texas 77318
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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
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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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17 of 17	2 FILER NAME PHILIP CASH	3 Filer ID (Ethics Commission Filers)
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4 Date 12.02.2025	5 Payee name Texas Top Cop Shop
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6 Amount (\$) \$315.95	7 Payee address; City; State; Zip Code 1109 West Dallas Street, Conroe, Texas 77301
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8 PURPOSE OF EXPENDITURE	(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
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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 12.16.2025	Payee name Academy Sports and Outdoors
--------------------	-------------------------------------------

Amount (\$) \$607.15	Payee address; City; State; Zip Code 1414 North Loop 336 West, Conroe, Texas 77304
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PURPOSE OF EXPENDITURE	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 12.19.2024	Payee name Jason Pelton Memorial Scholarship Foundation
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 15097 Capitol Hill, Montgomery, Texas 77316
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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
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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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