### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00067628	ssion Filers)	2 Total pages	filed: 87
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	The Honorable	Philip				USE ONLY
NAME		Fillip			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Cortez		0011.00		
		Contez				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	7919 Liberty Island					
ADDRESS					Receipt #	Amount
Change of Address	Con Antonio TV 70227	4704				
	San Antonio, TX 78227-	4734			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>-</u>	
TREASURER	Ms.	Rose				
NAME	1013.	1030				
	NICKNAME	LAST		SUFFIX		
		Cortez				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	AP	T / SUITE #; CITY;	ST	TATE; ZIP CODE
TREASURER	351 McNarney					
ADDRESS						
(Residence or Business)						
	San Antonio, TX 78211					
7 CAMPAIGN	AREA CODE PHO		EXTENSION			
TREASURER		JNE NOWBER	EXTENSION			
PHONE	(210) 923-1557					
8 REPORT TYPE		<b>—</b>			<b>-</b>	
	January 15	30th day befor	re election	Runoff		ampaign treasurer fficeholder only)
	X July 15	8th day before		Exceeded modified	Final Report (At	
				reporting limit		
9 PERIOD	Month Day Yea			Month Day	Year	
COVERED	,		HROUGH	,		
	01/01/2023	1	пкоодп	06/30/2023	3	
		I				
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Yea		Primary	Runoff	Other	
	03/05/2024		General	Special		
		I			(if known)	
11 OFFICE	OFFICE HELD (if any)	otriot 117		12 OFFICE SOUGHT		7
	State Representative Di			State Representa		I
	•					
		60	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	S	Vers	sion V3.5.1.a18ea2ca

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 87

-

13 C / OH NAME	Cortez, Philip (The H	onorable)	14 Filer ID 00067628	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to su candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowle consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures of such expenditures are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures are required to report the such expension.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	<b>\$</b> 0.00								
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	<b>\$</b> 27,968.37						
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	<b>\$</b> 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 42,925.20						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	<b>\$</b> 27,801.18						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	<b>\$</b> 0.00						
17 AFFIDAVIT										
		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.								
		The Hor	norable Philip Corte:	7						
			Candidate or Officeho							
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subs	cribed before me, by the s	aid	this the	day						
		ertify which, witness my hand and seal of office.	, uno uno	uuy						
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath						
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca						

S	UBT		RM C/OH IEET PG 3 3 of 87		
	ER NAM	ИЕ hilip (The Honorable)	19 Filer ID 00067628	(Ethics Com	mission Filers)
	HEDUL ME OF	SUBTO	TAL AMOUNT		
1.	Х	\$	27,350.00		
2.	Х	\$	618.37		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	42,925.20
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/87 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cortez, Philip (The Honorable) 00067628 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/27/2023 Allen Boone Humphries Robinson, LLP \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77027 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2023 \$500.00 American Pharmacy GPAC Contributor address; City; State; Zip Code Corpus Christi, TX 78401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/29/2023 Arechiga, Jason \$250.00 Contributor address; City; State; Zip Code San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate** NPR Group Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/21/2023 \$500.00 **Bentley Public Affairs** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2023 \$3,000.00 Blackridge Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 5/87 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cortez, Philip (The Honorable) 00067628 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/28/2023 Deputy Sheriff's Association of Bexar County PAC \$1,500.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78217 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2023 Houston Fire Fighters PAC \$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/21/2023 J. Ancira Strategies \$350.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2023 \$500.00 Kralj, Nicholas Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consulting and Governmental Relations Kralj Consulting Inc. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/28/2023 LaMantia, Greg \$2,500.00 Contributor address; City; State; Zip Code McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Beverage Distributor** L&F Distributors

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/87		
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
-		p (The Honorable)			00067628	Jii i iio.o,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/21/2023	Miller, William				\$1,500.00
		6 Contributor address; City; State; Zip Code				
Ļ	Drinsipal apou	Austin, TX 78703		Ļ		
8	Principal occu Lobbyist	pation / Job title (See Instructions)	9 Employer (See Instructions HILLCO	)		
╘	_			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷0 500 00
	06/28/2023	Mission Business PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Universal City , TX 78148				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	1 1110-200			')		
╞	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	06/28/2023	Ocanas, Gilberto	/			\$500.00
						<b>4000100</b>
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Communicat	ions	Ocanas Group			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2023	Ramirez, Rene				\$500.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Businees Ov		Self-employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/28/2023	Rodriguez, Marc				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Lobbyist		Offices of Marc Rodrigue			
┝				<u> </u>		

### MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
----------	----

=				F		
	The Instru	iction Guide explains how to complete th	ıis form.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/87	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Cortez, Phili	ip (The Honorable)			00067628	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	06/19/2023	TEXPAC				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Γ	Amount of Contribution (\$)	
	06/20/2023	Texans for Lawsuit Reform PAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2023	Turrieta , Gilbert				\$250.00
		Contributor address; City; State; Zip Code	,	1		
		Austin , TX 78701		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Lobbyist		Self-employed	—		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	06/19/2023	Weekley, Richard				\$1,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77027				
-	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>റ</u>		
	Housing		Weekley Homes	5)		
╞═	_	Full name of contributor Out-of-state PAC		<del>—</del>	Amount of Contribution (¢)	
	Date 06/21/2023	Full name of contributor out-of-state PAC Wholesale Beer Distributors of Texas PAC	_ID#:)		Amount of Contribution (\$)	\$1,000.00
	00/21/2020					Φ1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 s)		
				,		
-			l			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 8/87						
2 FILER NAME Cortez, Phili	ip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628						
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date 06/21/2023	7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution contribution (\$) description \$122.79 Food at Austin Club							
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)						
Lobbyist		Self-Employed							
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)						
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 06/21/2023	Full name of contributor out-of-state PAC (ID#: Gonzalez, Daniel Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$122.79 Food at Austin Club						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
-	upation / Job title (FOR NON-JUDICIAL) (See instructions)		N-JUDICIAL) (See instructions)						
Consulting			nzalez Public Affairs & Consulting						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)						
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 06/21/2023	Full name of contributor out-of-state PAC (ID#: Texas REALTORS Contributor address; City; State; Zip Code Austin, TX 78701	)	Amount of In-kind contribution contribution (\$) description \$250.00   Invitations for fundraiser						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)						
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this	1	1 Total pages Schedule A2: Sch: 2/2 Rpt: 9/87				
2	FILER NAME		3	3 Filer ID (Ethics Commission Filers)			
	Cortez, Philip (The Honorable)			00067628			
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$					
5	Date       6       Full name of contributor       out-of-state PAC (ID#:)         06/21/2023       Wright , Michael	8	Amount of ontribution (\$) Amount of description (\$) Food at Austin Club				
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON					
	Vice President	American Pharmacies					
12	Contributor's principal occupation (FOR JUDICIAL)	<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)					
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         1           Food/Beverage Expense         Polling Expense         1           y -         Gift/Awards/Memorials Expense         Printing Expense         1			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	<b>2</b> F	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 1/78 Rpt: 10/87		Cortez, Philip (The Honorable)				00067628		
4	Date 01/26/2023		Payee name 360 Valet						
6	Amount (\$) \$18.00	5	Payee address; City; State 503 Colorado St Ste 107 Austin, TX 78701	e; Zip Co	de				
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event parking</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held		
	Date	F	Payee name						
	04/13/2023		7-Eleven						
	Amount (\$) \$65.50	6	Payee address; City; State 613 Congress Ave Austin, TX 78701	e; Zip Co	de				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Fravel Out of District	hedule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held		
	Date	F	Payee name						
	06/22/2023		323 Congress Garage						
	Amount (\$) \$43.30		Payee address; City; State 323 Congress	e; Zip Co	de				
		4	Austin , TX 78774						
	PURPOSE OF EXPENDITURE	٦	Category (See Categories listed at the top of this sc Fransportation Equipment & Related Expense	hedule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME				3 F	-iler ID	(Ethics Commission Filers)
	Sch: 2/78 Rpt: 11/87	Cortez, Philip (Th	e Honorable)				00067628	· · · ·
4	Date 01/11/2023	Payee name AT&T						
6	Amount (\$) \$192.55	Payee address; P.O. BOX 5006 Carol Stream , IL		e; Zip Code	3			
8	PURPOSE OF EXPENDITURE	OF Eees Categories instead at the top of this schedule) C Second state						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office sough	t		Office he	ld
	Date	Payee name						
	02/13/2023	AT&T						
	Amount (\$) \$77.69	Payee address; P.O. BOX 5006 Carol Stream , IL		e; Zip Code	3			
	PURPOSE OF EXPENDITURE	Category <sub>(See Categ</sub> =ees	ories listed at the top of this sc	hedule) (t		i, TX, o	e of Texas. Comp fficeholder living	olete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office sough	t		Office he	łd
	Date	Payee name						
	03/14/2023	AT&T						
	Amount (\$) \$80.72	Payee address; P.O. BOX 5006	City; State	e; Zip Code	2			
		Carol Stream , IL	60197		-			
	PURPOSE OF EXPENDITURE	Category <sub>(See Categ</sub> Office Overhead/	ories listed at the top of this sc Rental Expense	hedule) (t		i, TX, o	e of Texas. Comp fficeholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office sough	it		Office he	ld

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 3/78 Rpt: 12/87	Cortez, Philip (The Honorable)	00067628						
4	Date 05/12/2023	Payee name AT&T							
6	Amount (\$) \$79.16	7 Payee address; City; State; Zip Code P.O. BOX 5006 Carol Stream , IL 60197							
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Image: Check if Categories listed at the top of this schedule)       Image: Check if Categories Categories listed at the top of this schedule)       Image: Check if Categories Categor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/13/2023	AT&T							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$80.72     P.O. BOX 5006								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense 2 <b>S</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/12/2023	AT&T							
	Amount (\$) \$80.72	Payee address;City;State;Zip CodeP.O. BOX 5006							
		Carol Stream , IL 60197							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>2S</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental E Food/Beverage Expense Office Overhead/Rental E Gitf/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this f	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 4/78 Rpt: 13/87	Cortez, Philip (The Honorable)	00067628							
4	Date 01/12/2023	Payee name Access Valet Parking								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$17.00									
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	ption							
OF       EXPENDITURE         Transportation Equipment & Related         Expense         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Event parking										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/18/2023 Access Valet Parking									
Amount (\$) Payee address; City; State; Zip Code										
	\$17.00	Po Box 41983 Austin, TX 78704								
	PURPOSE OF EXPENDITURE	Expense	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense parking							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/05/2023	Access Valet Parking								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$12.00	Po Box 41983								
		Austin, TX 78704								
	PURPOSE OF EXPENDITURE	Expense	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense parking							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tran           Food/Beverage Expense         Polling Expense         Trav           y -         Gift/Awards/Memorials Expense         Printing Expense         Trav					Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	e			
1	Total pages Schedule F1:	2	FILER NAME			:	<b>3</b> Filer ID (Ethics Commission Fi	lers)			
	Sch: 5/78 Rpt: 14/87		Cortez, Philip (The Honorable)				00067628				
4	Date	5	Payee name								
	01/12/2023	Aiden by Best Western									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$334.86		2200 IH 35 Frontage Rd.								
			Austin, TX 78704								
_	DUDDOOF				(h.)						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Descripti		sutaida of Toyloo, Complete Cabadula T				
	EXPENDITURE		Transportation Equipment & Related				outside of Texas. Complete Schedule T. TX, officeholder living expense				
			Expense		Staff Lo						
					01000 20						
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt		Office held				
9	expenditure to benefit C/O			Once sou	JII		Once new				
	Date		Payee name								
	01/17/2023		Amazon								
Amount (\$) Payee address; City; State; Zip Code											
	\$85.41			с, zip со	uc						
	φ0 <b>0.41</b>		440 Terry Avenue North								
			Seattle, WA 98109								
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Descripti	ion					
	OF EXPENDITURE		Office Overhead/Rental Expense				outside of Texas. Complete Schedule T.				
							TX, officeholder living expense				
					Office s	upplies	S				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght	Office held					
	expenditure to benefit C/OI										
	Date		Payee name								
	01/23/2023		Amazon								
-	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$47.93		440 Terry Avenue North	-,							
	+										
			Seattle, WA 98109								
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Descripti	ion					
	OF		Office Overhead/Rental Expense	,			outside of Texas. Complete Schedule T.				
	EXPENDITURE				Check i	if Austin,	TX, officeholder living expense				
					Office s	upplies	'S				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held				
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)			
1	Sch: 6/78 Rpt: 15/87	2	Cortez, Philip (The Honorable)	)				00067628			
4	Date	5	Payee name								
	01/26/2023		Amazon								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$23.80		440 Terry Avenue North								
			Seattle, WA 98109								
	DUDDOCE					(b) p					
8	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b) Description		ide of Toylog, Complete Cabadula T			
	EXPENDITURE		Office Overhead/Rental Exper	ise				ide of Texas. Complete Schedule T. , officeholder living expense			
						Office supp		, onceroider wing expense			
						Onice Supp	105				
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	gnt		Office held			
	Date		Payee name								
	01/27/2023		Amazon								
Amount (\$) Payee address; City; State; Zip Code											
	\$46.98		440 Terry Avenue North								
			Seattle, WA 98109								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Exper			Check if trave	el outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						Office supp	ies				
	Complete ONLY if direct	. (	Candidate/Officeholder name	C	Office sou	ght		Office held			
	expenditure to benefit C/OI	Η									
-	Date		Payee name								
	02/23/2023		Amazon								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$20.41		440 Terry Avenue North								
			Seattle, WA 98109								
-	PURPOSE	(a)	Category (See Categories listed at the to	n of this sub	edule)	(b) Description					
	OF	(,	Office Overhead/Rental Exper		edule)	· · _ ·	el outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Onice Overnead/Rental Exper	150				, officeholder living expense			
						Office supp		- •			
	Complete ONL V if direct	Ļ	andidato/Officabelder name	~		abt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	JIIL		Onice neiù			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Lal	ense bor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2		estplaine				3	Filer ID	(Ethics Commission Filers)	
1	Sch: 7/78 Rpt: 16/87		Cortez, Philip (The Honorable)						00067628		
4	Date	5	Payee name								
	02/28/2023		Amazon								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le					
	\$58.51		440 Terry Avenue North								
			Seattle, WA 98109								
	DUDDOCE					(h) p : .:					
8	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b) Descripti		utoic	le of Texas. Comp	lata Cabadula T	
	EXPENDITURE		Office Overhead/Rental Expen	ise					officeholder living		
						Office s				cxpense	
						Office St	upplic	5			
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jht			Office hel	d	
	Date		Payee name								
	03/02/2023		Amazon								
Amount (\$) Payee address; City; State; Zip Code											
				State,	, zip coi						
	\$19.29		440 Terry Avenue North								
			Seattle, WA 98109								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Descripti	ion				
	OF EXPENDITURE		Office Overhead/Rental Expen	ise					le of Texas. Comp		
									officeholder living	expense	
						Office s	upplies	S			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	jht			Office hel	d	
	expenditure to benefit C/OI	Н									
-	Date	Γ	Payee name								
	02/06/2023		Amazon								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$35.71		440 Terry Avenue North								
			Seattle, WA 98109								
-	PURPOSE	(a)	Category (See Categories listed at the to	n of this	undula)	(b) Descripti	ion				
	OF	``'	Office Overhead/Rental Expen		iedule)			utsic	le of Texas. Comp	lete Schedule T.	
	EXPENDITURE		Onice Overnead/Rentai Expen	150					officeholder living		
						Office s					
	Complete ONL V if direct	Ļ	`andidato/Officabelder name		Office corr	t			Office hel	d	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ji it			Onice nel	u	

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimburseme           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gitf/Awards/Memorials Expense         Printing Expense           mmittee         Legal Services           Salaries/Wages/Contract Labor         Salaries/Wages/Contract Labor	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 8/78 Rpt: 17/87	Cortez, Philip (The Honorable)	00067628							
4	Date 03/27/2023	Payee name Amazon								
6	Amount (\$) \$60.59	7 Payee address;       City;       State; Zip Code         440 Terry Avenue North       Seattle, WA 98109								
8       PURPOSE       OF         OF       OF         EXPENDITURE       Office Overhead/Rental Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Office Supplies										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
05/03/2023 Amazon										
	Amount (\$) \$102.78	Payee address;       City;       State; Zip Code         \$102.78       440 Terry Avenue North         Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/16/2023	Amazon								
	Amount (\$) \$37.84	Payee address;City;State;ZipCode440 Terry Avenue North								
		Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp		Office Ove Polling Exp Printing Ex Salaries/W	head/Re ense pense ages/Co	eimbursement ental Expense ntract Labor this form		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_	Tatal same Oak adula E4		•	nams n		ipiete				
1	Total pages Schedule F1: Sch: 9/78 Rpt: 18/87		FILER NAME Cortez, Philip (The Honorable)						Filer ID       (Ethics Commission Filers)         00067628	
4	Date	5	Payee name							
	05/16/2023		Amazon							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$78.91		440 Terry Avenue North							
			Seattle, WA 98109							
8	PURPOSE		Category (See Categories listed at the top of t	this sche	edule)	(b) De	escription			
	OF EXPENDITURE		Office Overhead/Rental Expense					TX,	le of Texas. Complete Schedule T. officeholder living expense	
						0	nice supplie	5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	office sou	jht			Office held	
	Date		Payee name							
	03/27/2023		Angie's Mexican Restaurant							
	Amount (\$)		-	State <sup>.</sup>	Zip Co	le				
	\$118.40		1307 E. 15th St.	otato,	2.0 00					
	φ110.40		1007 E. 1007 C.							
			Austin, TX 78702							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Food/Beverage Expense	this sche	edule)		4		de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office sou	ght			Office held	
	Date		Payee name							
	02/22/2023		Apple							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$193.71		1 Infinite Loop							
			Cupertino, CA 95014							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Fees	this sche	edule)		4	ΤX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	0	office soug	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services		Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/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	e explains r	now to com	plete this form.	1			
1	Total pages Schedule F1: Sch: 10/78 Rpt: 19/87		AME Philip (The Honorable	)			3	Filer ID     (Ethics Commission Filers)       00067628		
4	Date	Payee n	ame							
	02/24/2023	Apple								
6	Amount (\$)	Payee a		State;	Zip Cod	e				
	\$1,460.29	1 Infinit	e Loop							
		Cupertino, CA 95014								
8	PURPOSE OF		(See Categories listed at the te		edule)	b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Equipment								
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	0	)ffice soug	ht		Office held		
	Date	Payee n	ame							
	01/11/2023	Austin	/alet parking							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Cod	e				
	\$36.00	3600 P	residential Blvd							
			TX 78719							
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the t Drtation Equipment & F e		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	0	office soug	ht		Office held		
	Date	Payee n	ame							
	01/18/2023	Austin	alet parking							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Cod	e				
	\$16.80	3600 P	residential Blvd							
		Austin ,	TX 78719		i					
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the tr ortation Equipment & F e		edule) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	0	)ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 11/78 Rpt: 20/87	Cortez, Philip (The Honorable)	00067628							
4	Date 03/29/2023	Payee name Austin valet parking								
6	Amount (\$) \$16.80	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin , TX 78719								
8	B       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Transportation Equipment & Related       Check if travel outside of Texas. Complete Schedule T.         EXPENDITURE       Expense       Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/06/2023	Best Buy								
	Amount (\$) \$2,067.53	Payee address; City; State; Zip Code 9600 IH 35 S Austin, TX 78748								
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule)       (b) Description         Office Overhead/Rental Expense       Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nent							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/30/2023	Brothers Valet Parking								
	Amount (\$) \$55.62	Payee address; City; State; Zip Code 11505 Oak Knoll Dr								
		Austin , TX 78759								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense g							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 12/78 Rpt: 21/87		Cortez, Philip (The Honorable)				00067628			
4	Date	5	Payee name							
	03/01/2023		Brothers Valet Parking							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$24.72		11505 Oak Knoll Dr							
			Austin , TX 78759							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(elube	(b) Description					
	OF	Ľ	Transportation Equipment & Related	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				, officeholder living expense			
					Event parking	g				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held			
	Date		Payee name							
02/08/2023 Brothers Valet Parking										
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$49.44		11505 Oak Knoll Dr							
			Austin , TX 78759							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.			
	-		Expense				, officeholder living expense			
					Event parkin	y				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	uht		Office held			
	expenditure to benefit C/OI			nice sou	ji it		Onice neiu			
	Date		Payee name							
	01/25/2023		Brothers Valet Parking							
_	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$18.54		11505 Oak Knoll Dr							
		<u> </u>	Austin , TX 78759							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE I Transportation Equipment & Related									
			Expense		Event parking		oncenduel living expense			
						J				
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	iht		Office held			
	expenditure to benefit C/Oł									
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           / -         Gift/Awards/Memorials Expense         Printing Expense         Tr				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 13/78 Rpt: 22/87		Cortez, Philip (The Honorable)				00067628				
4	Date 04/20/2023		Payee name Brothers Valet Parking								
6	Amount (\$) \$18.54		7 Payee address; City; State; Zip Code 11505 Oak Knoll Dr Austin , TX 78759								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Event parking										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	yht		Office held				
	Date		Payee name								
	04/28/2023										
	Amount (\$) \$24.72										
	PURPOSE OF EXPENDITURE	(a)	Austin , TX 78759 Category <sub>(See Categories listed at the top of this sch Transportation Equipment &amp; Related Expense</sub>	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ŋht		Office held				
	Date		Payee name								
	05/08/2023		Brothers Valet Parking								
	Amount (\$) \$18.54		Payee address; City; State; 11505 Oak Knoll Dr	; Zip Co	de						
			Austin , TX 78759								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Transportation Equipment & Related Expense	edule)		, TX	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tra           Food/Beverage Expense         Polling Expense         Tra           Gift/Awards/Memorials Expense         Printing Expense         Tra				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 14/78 Rpt: 23/87		Cortez, Philip (The Honorable)				00067628				
4	Date 04/04/2023	5	Payee name Brothers Valet Parking								
6	Amount (\$) \$18.54		7 Payee address; City; State; Zip Code 11505 Oak Knoll Dr Austin , TX 78759								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Event parking										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıht		Office held				
	Date		Payee name								
04/12/2023 Brothers Valet Parking											
	Amount (\$) \$55.62	Payee address;       City;       State; Zip Code         \$55.62       11505 Oak Knoll Dr									
	PURPOSE OF EXPENDITURE	(a)	Austin , TX 78759 Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Iht		Office held				
	Date		Payee name								
	04/13/2023		Brothers Valet Parking								
	Amount (\$) \$37.08		Payee address; City; State; 11505 Oak Knoll Dr	Zip Co	le						
			Austin , TX 78759								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transpo           Food/Beverage Expense         Polling Expense         Travel ir           -         Gift/Awards/Memorials Expense         Printing Expense         Travel or						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 15/78 Rpt: 24/87		Cortez, Philip (The Honorabl	e)				00067628		
4	Date	5	Payee name							
	04/19/2023		Brothers Valet Parking							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le				
	\$18.54		11505 Oak Knoll Dr							
			Austin , TX 78759							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	adula)	(b) Description				
	OF	Ľ	Transportation Equipment &		ieuuie)		outsi	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense			Check if Austin	, TX	c, officeholder living expense		
						Event parking	g			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ıht		Office held		
	Date		Payee name							
	01/19/2023		Brothers Valet Parking							
	Amount (\$)		Payee address; City;	Stato	; Zip Co	10				
	.,			Sidle	, zip coi					
	\$18.54		11505 Oak Knoll Dr							
			Austin , TX 78759							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment &	Related				side of Texas. Complete Schedule T.		
			Expense					c, officeholder living expense		
						Event parking	g			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	jht		Office held		
_	Data	<u> </u>								
	Date 01/04/2023		Payee name Buc-ees							
	Amount (\$)		Payee address; City;	State	; Zip Co	le				
	\$75.76		2760 I-35							
			New Braunfels, TX 78130							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Travel Out of District					side of Texas. Complete Schedule T.		
							I, TX,	c, officeholder living expense		
						Fuel				
					- //:					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	Jht		Office held		
		•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Ove Polling Ex Printing Ex Salaries/M	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER	NAME	Filer ID (Ethics Commission Filers)						
	Sch: 16/78 Rpt: 25/87		z, Philip (The Honorabl	e)				00067628		
4	Date 03/02/2023	Payee Buc-e								
6	Amount (\$)	' Pavee	address; City;	State:	; Zip Co	de				
-	\$59.96	2760			,p					
8	PURPOSE					(b) Description				
0	OF		Dry (See Categories listed at the Out of District	top of this sch	iedule)			side of Texas. Complete Schedule T. K, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sou	ght		Office held		
	Date	Payee	name							
	03/15/2023	Buc-e	es							
	Amount (\$)	Payee	address; City;	State;	; Zip Co	de				
	\$53.64	2760 New E	-35 Braunfels, TX 78130							
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the Out of District	e top of this sch	iedule)			side of Texas. Complete Schedule T. K, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sou	ght		Office held		
	Date	Payee	name							
	04/20/2023	Capito	ol Credit Union							
	Amount (\$)	Payee	address; City;	State:	; Zip Co	de				
	\$100.00	718 L	avaca St							
			, TX 78701							
	PURPOSE OF EXPENDITURE		Dry (See Categories listed at the Beverage Expense	e top of this sch	edule)			side of Texas. Complete Schedule T. K, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candida	te/Officeholder name	(	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	<b>2</b> F					3	Filer ID (Ethics Commission Filers)				
-	Sch: 17/78 Rpt: 26/87		Cortez, Philip (The Honorable)					00067628				
4	Date 02/23/2023		ayee name capitol Gift Shop									
6	Amount (\$) \$324.75	1	7 Payee address; City; State; Zip Code 1400 Congress Ave Austin , TX 78701									
8	PURPOSE OF EXPENDITURE	Austin , TX 78701         (a) Category (See Categories listed at the top of this schedule)         Gift/Awards/Memorials Expense         (b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Constituent gifts										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Of	ffice soug	ht		Office held				
	Date	P	ayee name									
	03/15/2023	C	apitol Gift Shop									
	Amount (\$) \$374.55	1	ayee address; City; 400 Congress Ave ustin , TX 78701	State;	Zip Coo	le						
	PURPOSE OF EXPENDITURE	<b>(a)</b> C	ategory (See Categories listed at the top Sift/Awards/Memorials Expense		dule)		n, TX,	ide of Texas. Complete Schedule T. c, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	Of	ffice soug	ht		Office held				
	Date	P	ayee name									
	05/04/2023		capitol Gift Shop									
	Amount (\$) \$86.60		ayee address; City; 400 Congress Ave	State;	Zip Coo	le						
			ustin , TX 78701									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top Sift/Awards/Memorials Expense		dule)		n, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Of	ffice souç	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Polling ense Printir Salari	Overhea Expens g Expen es/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 18/78 Rpt: 27/87		z, Philip (The Honorable)					00067628			
4	Date 05/30/2023	Payee Capito	name Il Gift Shop								
	Amount (\$) \$50.88	7 Payee address;       City;       State; Zip Code         \$50.88       1400 Congress Ave         Austin , TX 78701									
8	PURPOSE OF EXPENDITURE		ory (See Categories listed at the to wards/Memorials Expens		(b)		n, TX,	de of Texas. Com , officeholder living			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offices	ought			Office he	eld		
	Date	Payee	name								
	04/21/2023	Capito	ol Grill								
	Amount (\$) \$58.01	PO B	address; City; ox 2910 , TX 78768	State; Zip	Code						
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the to Beverage Expense	p of this schedule)	(b)			de of Texas. Com , officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offices	ought			Office he	eld		
	Date	Payee	name								
	01/20/2023	Captio	ol Gift Shop								
	Amount (\$) \$34.80		address; City; Congress Ave	State; Zip	Code						
		Austir	, TX 78701								
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the to wards/Memorials Expens		(b)		n, TX,	de of Texas. Com , officeholder living :ets			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offices	ought			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense       Loan Repayment/Reinbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 19/78 Rpt: 28/87	Cortez, Philip (The Honorable) 00067628									
4		Payee name									
	01/19/2023	Captiol Gift Shop									
6	Amount (\$) \$59.65	Payee address; City; State; Zip Code 1400 Congress Ave Austin , TX 78701									
8	PURPOSE OF EXPENDITURE	PURPOSE OF (a) Category (See Categories listed at the top of this schedule) OF Cift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/13/2023	Captiol Gift Shop									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$78.25	1400 Congress Ave Austin , TX 78701									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense İftS								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/26/2023	Captiol Gift Shop									
	Amount (\$) \$310.68	Payee address;City;State;Zip Code1400 Congress Ave									
		Austin , TX 78701									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>nkets</b>								
ļ	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE (	CATEGOR	IES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								quipment & Related Expense
1	Total pages Schedule F1:	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 20/78 Rpt: 29/87		ilip (The Honorable)					00067628	· · ·
4	Date 01/27/2023	Payee name Captiol Gif							
6	Amount (\$) \$69.56	Payee addro 1400 Cong Austin , TX	iress Ave	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		See Categories listed at the to s/Memorials Expens		dule)		ı, ТХ,	de of Texas. Com officeholder living K <b>etS</b>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Of	ffice soug	ht		Office he	eld
	Date	Payee name	e						
	05/01/2023	Circle K							
	Amount (\$) \$50.00	Payee addro 7715 S Za San Anton		State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE	Category (: Travel In D	See Categories listed at the to District	pp of this scheo	dule)			de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Of	ffice soug	ht		Office he	eld
	Date	Payee name	e						
	01/27/2023	City of Aus	tin Utilites						
	Amount (\$) \$63.17	Payee addre PO Box 22		State;	Zip Coo	le			
		Austin, TX	78783						
	PURPOSE OF EXPENDITURE	Category ( Fees	See Categories listed at the to	op of this sched	dule)			de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Of	ffice soug	ht		Office he	eld

			EXPENDITUR	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E umittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/78 Rpt: 30/87		Cortez, Philip (The Honorab	le)				00067628	
4	Date	5	Payee name				I		
	02/27/2023		City of Austin Utilites						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$47.85		PO Box 2267						
			Austin, TX 78783						
8	PURPOSE	(a)	Category (See Categories listed at th	e ton of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees		cuuc)		outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITORE						, TX	officeholder living	expense
						Utilities			
_			andidata (Office helder record			h4		Office he	14
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ĺ	Office soug	m		Office he	lu
	Date		Payee name						
	03/28/2023		City of Austin Utilites						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$53.83		PO Box 2267						
			Austin, TX 78783						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees					de of Texas. Comp officeholder living	
						Utilities	, 17,	oniceriolder innig	expense
	Complete ONLY if direct		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld
	expenditure to benefit C/OF	Н							
	Date		Payee name						
	04/25/2023		City of Austin Utilites						
-	Amount (\$)	$\vdash$	Payee address; City;	State;	; Zip Coo	le			
	\$57.22		PO Box 2267						
			Austin, TX 78783						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees					de of Texas. Comp officeholder living	
						X Check if Austin	, 17,	onicentituer living	expense
-	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office he	ld
	expenditure to benefit C/OF	Н							

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 22/78 Rpt: 31/87	Cortez, Philip (The Honorable) 00067628										
4	Date 05/26/2023	Payee name City of Austin Utilites										
6	Amount (\$) \$58.81	7 Payee address;       City;       State; Zip Code         PO Box 2267       Austin, TX 78783										
8	PURPOSE OF EXPENDITURE	OF Fees										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/27/2023	City of Austin Utilites										
	Amount (\$) \$74.92	Payee address; City; State; Zip Code PO Box 2267										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	03/30/2023	Clayton Spangler Photographic Design										
	Amount (\$) \$511.00	Payee address; City; State; Zip Code 235 Point Lick Drive										
		Charleston, WV 25306										
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense noto 88th legislature									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

			EXPENDITURE	CATEGOR	IES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Polling Expense Travel in District Travel of District Travel of District						quipment & Related Expense				
1	Total pages Schedule F1:	FII FR NAM		•		•	3	Filer ID	(Ethics Commission Filers)			
_	Sch: 23/78 Rpt: 32/87	Cortez, Philip (The Honorable) 00067628										
4	Date 04/20/2023	Payee name Comerica I										
6	Amount (\$) \$2.50	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>100 N. Santa Rosa</li> <li>San Antonio, TX 78207</li> </ul>										
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	0	ffice soug	ht		Office he	eld			
	Date	Payee name	e									
	02/13/2023	Cortez, Ph	ilip									
	Amount (\$) \$390.86	Payee addro 7919 libert San Anton		State;	Zip Cod	e						
	PURPOSE OF EXPENDITURE	Category ( Reimburse	See Categories listed at the ement	top of this sche	edule) (		n, TX,	de of Texas. Com officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	0	ffice soug	ht		Office he	eld			
	Date	Payee name	9									
	01/24/2023	Costco										
	Amount (\$) \$811.87	Payee addre 5611 UTS/		State;	Zip Cod	e						
		San Anton	io, TX 78249									
	PURPOSE OF EXPENDITURE	) Category <sub>(:</sub> Furniture	See Categories listed at the	top of this sche	edule)	b) Description	n, TX,	officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	0	ffice soug	ht		Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transp Travel           Food/Beverage Expense         Polling Expense         Travel           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel						Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	FILER I	NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 24/78 Rpt: 33/87		Cortez, Philip (The Honorable) 00067628									
4	Date	Payee ı	name									
	03/02/2023	Costco	l i i i i i i i i i i i i i i i i i i i									
6	Amount (\$)	Payee a	address; City;	State;	Zip Cod	е						
	\$60.00	5611 L	JTSA Blvd.									
		San Ar	ntonio, TX 78249									
8	PURPOSE	a) Catego	Υ (See Categories listed at the t	top of this sche	edule) (	b) Description						
	OF EXPENDITURE	Fees					outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITORE							, officeholder living	expense			
						Membership	fee	•				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	0	office soug	nt		Office he	eld			
	Date	Payee ı	name									
	01/04/2023	Cwsap	artments									
	Amount (\$)	Payee a	address; City;	State;	Zip Cod	e						
	\$1,678.25	9606 N	I Mopac Expy									
		Austin,	TX 78759									
	PURPOSE OF EXPENDITURE	a) Catego Fees	𝘗 (See Categories listed at the t	top of this sche	edule) (	b) Description Check if travel Check if Austir Apartment fe	n, TX,	ide of Texas. Com , officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidat	e/Officeholder name	0	)ffice soug	nt		Office he	eld			
	Date	Payee I	name									
	02/02/2023		artments									
	Amount (\$)		address; City;	State:	Zip Cod	e						
	\$1,828.25		I Mopac Expy	otatoj	p 000	-						
	+1,010.10											
		Austin,	TX 78759									
	PURPOSE OF		$\gamma$ (See Categories listed at the t		edule)	b) Description						
	EXPENDITURE	Office	Overhead/Rental Expe	nse			n, TX,	ide of Texas. Com , officeholder living ] <b>t</b>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidat	e/Officeholder name	0	office soug	nt		Office he	eld			

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 25/78 Rpt: 34/87	Cortez, Philip (The Honorable)	00067628									
4	Date 03/02/2023	Payee name Cwsapartments										
6	Amount (\$) \$1,835.84	7 Payee address; City; State; Zip Code 9606 N Mopac Expy Austin, TX 78759										
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Rent										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	04/03/2023	Cwsapartments										
	Amount (\$) \$1,846.27	Payee address; City; State; Zip Code 9606 N Mopac Expy Austin, TX 78759										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	05/02/2023	Cwsapartments										
	Amount (\$) \$1,844.49	Payee address; City; State; Zip Code 9606 N Mopac Expy										
		Austin, TX 78759										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services The Instruction Guide explains	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.									
1	Total pages Schedule F1:	LER NAME		<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 26/78 Rpt: 35/87	Cortez, Philip (The Honorable) 00067628										
4	Date	Payee name										
	06/02/2023	wsapartments										
6	Amount (\$)		; Zip Code									
	\$1,849.89	606 N Mopac Expy										
		ustin, TX 78759										
8	PURPOSE OF	ategory (See Categories listed at the top of this scl										
	EXPENDITURE	ees		wel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense								
			Rent									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought	Office held								
	Date	ayee name										
	04/26/2023	omino's										
	Amount (\$)	ayee address; City; State	; Zip Code									
	\$100.28	701 Guadalupe St,										
		ustin, TX 78705										
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch ood/Beverage Expense	Check if tra	ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought	Office held								
⊨	Date	ayee name										
	05/22/2023	omino's										
	Amount (\$)	ayee address; City; State	; Zip Code									
	\$55.18	701 Guadalupe St,	,									
		ustin, TX 78705										
	PURPOSE OF	ategory (See Categories listed at the top of this sch		und anticide of Tanana Complete Cohordule T								
	EXPENDITURE	ood/Beverage Expense		ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense taff								
-	Complete ONLY if direct	ndidate/Officeholder name	 Office sought	Office held								
	expenditure to benefit C/OI		5									
-												

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense 'ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	e
The Instruction Guide explains how to complete this for           1 Total pages Schedule F1:         2 FILER NAME									Ethics Commission Ei	lara)
1	Sch: 27/78 Rpt: 36/87		FILER NAME Cortez, Philip (The Honorable)					3	Filer ID (Ethics Commission File 00067628	lers)
4	Date	5	Payee name							
	05/30/2023		Domino's							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$41.94		3701 Guadalupe St,							
			Austin, TX 78705							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense	0	iouaic,		Check if travel		de of Texas. Complete Schedule T.	
	EXPENDITORE								officeholder living expense	
		Food for staff								
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	01/10/2023		Don Pedro Restaurant							
	Amount (\$)	$\vdash$	Payee address; City;	State	; Zip Co	de				
	\$39.54		1526 Southwest Military Drive			-				
			1020 0000000000000000000000000000000000							
			San Antonio, TX 78221							
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description			
EXPENDITURE			Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
			Staff meeting						Officenolaer living expense	
							Stan meeting			
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	nht			Office held	
	expenditure to benefit C/OF		andidate/Onicertoider name	-	Jinee 200.	yn			Onice new	
	Date	—								
	05/03/2023		Payee name Door Dash							
				Ctata	7:0 00	ala				
	Amount (\$)		Payee address; City;	State,	; Zip Co	ue				
	\$75.53		901 Market Street							
			6th floor							
			San Francisco , CA 94103							
	PURPOSE		Category (See Categories listed at the top	of this sch	nedule)	(b)	Description			
OF EXPENDITURE		Food/Beverage Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							Food for staff		officenoider living expense	
							FUULIUI Stall			
	Complete ONIL V if direct	Ļ	Candidate/Officeholder name		Office soug	abt			Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Onicendider name	C	Jince sou	Ju			Onice held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Iraising Expense quipment & Related Expense strict category not listed above)			
1	Total pages Schedule F1:	-ILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 28/78 Rpt: 37/87	Cortez, Philip (The I	Honorable)	00067628						
4	Date 03/30/2023	Payee name Doubletree								
6	Amount (\$) \$23.82	7       Payee address;       City;       State; Zip Code         82       303 W 15th St         Austin, TX 78701								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Event Parking										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sought		Office he	eld			
	Date	<sup>D</sup> ayee name								
	01/27/2023	Eddie V's								
	Amount (\$) \$258.92	Payee address; C 301 E 5th Street Austin , TX 78701	ity; State;	Zip Code						
	PURPOSE OF EXPENDITURE	Category <sub>(See Categorie</sub> Food/Beverage Exp		edule) (b)		outside of Texas. Com , TX, officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sought		Office he	eld			
	Date	Payee name		-						
	02/09/2023	Eddie V's								
	Amount (\$) \$56.24	Payee address; C 301 E 5th Street	ity; State;	Zip Code						
		Austin , TX 78701								
	PURPOSE OF EXPENDITURE	Category <sub>(See Categorie</sub> Food/Beverage Exp		edule) (b)		outside of Texas. Com , TX, officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sought		Office he	əld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)							
1	Total pages Schedule F1:	FILER NAME 3 Filer ID (Ethics Commissio								
	Sch: 29/78 Rpt: 38/87	Cortez, Philip (The Honorable)	00067628							
4	Date 05/08/2023	Payee name Eddie V's								
6	Amount (\$) \$351.45	7       Payee address;       City;       State; Zip Code         \$351.45       301 E 5th Street         Austin , TX 78701								
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         Food for staff										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/27/2023	El Chaparral Mexican Restaurant								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$41.51	15103 Bandera Rd. Helotes, TX 78023								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/25/2023	Fiesta Market								
	Amount (\$) \$50.00	Payee address;City;State;ZipCode3903 N I-35								
		Austin, TX 78722								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense 2 <b>S</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor   The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 30/78 Rpt: 39/87	Cortez, Philip (The Honorable)	00067628						
4	Date	Payee name							
	02/23/2023	Four Seasons Hotel							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$24.00	98 San Jacinto Blvd							
		Austin, TX 78701							
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	utida ef Taura Complete Caladeda T						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
		Expense Event parking							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/03/2023	Google							
	Amount (\$) Payee address; City; State; Zip Code								
	\$12.79 1600 Amphitheatre								
	DUDDOOS	Parkway Mountain View , CA 94043							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Int						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2023	Google							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$12.79	1600 Amphitheatre							
		Parkway Mountain View , CA 94043							
	PURPOSE OF	(b) Description							
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	s Expense	Office Over Polling Exp Printing Ex Salaries/W	head ense pense ages/	e Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
Ļ		I	The Instruction G	uide explains i	how to con	npie	te this form.	_		(==:::================================
1	Total pages Schedule F1: Sch: 31/78 Rpt: 40/87		FILER NAME Cortez, Philip (The Honora	ble)				3	Filer ID 00067628	(Ethics Commission Filers)
4	Date	5	Payee name							
	03/02/2023		Google							
6	Amount (\$) \$12.79									
_		<u> </u>	Parkway Mountain View , (							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense G-suite									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	ł
	Date		Payee name							
	04/03/2023		Google							
Amount (\$) Payee address; City; State; Zip Code										
	\$12.79									
PURPOSE OF EXPENDITURE			<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>G-suite</li> </ul>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	ł
	Date		Payee name							
	05/02/2023		Google							
	Amount (\$) \$12.79		Payee address; City; 1600 Amphitheatre	State;	; Zip Coo	de				
			Parkway Mountain View , 0	CA 94043						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Office Overhead/Rental Ex		nedule)				de of Texas. Comple officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	ł

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Trans           Food/Beverage Expense         Polling Expense         Trave           y -         Gift/Awards/Memorials Expense         Printing Expense         Trave					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 32/78 Rpt: 41/87		Cortez, Philip (The Honorable)	00067628						
4	Date 06/02/2023		Payee name Google							
6	Amount (\$) \$12.79									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         G-suite										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ght		Office held			
	Date		Payee name							
	03/28/2023		HEB Austin							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$72.62     2400 S Congress Ave									
	DUDDOOF		Austin , TX 78704							
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sche Travel Out of District	dule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ght		Office held			
	Date		Payee name							
	01/13/2023		HEB Gas							
	Amount (\$) \$56.13		Payee address; City; State; 6818 S Zarzamora	Zip Co	de					
			San Antonio, TX 78224							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel In District	dule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice souç	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	PILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 33/78 Rpt: 42/87	Cortez, Philip (The Honorable)	00067628							
4	Date 01/12/2023	Payee name HEB Gas								
6	Amount (\$) \$129.97	7       Payee address; City; State; Zip Code         \$129.97       6818 S Zarzamora         San Antonio, TX 78224								
8	PURPOSE OF EXPENDITURE	OF Travel In District Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/09/2023	HEB Gas								
	Amount (\$) \$46.08	Payee address; City; State; Zip Code 6818 S Zarzamora San Antonio, TX 78224								
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	01/03/2023	HEB Gas								
	Amount (\$) \$109.56	Payee address; City; State; Zip Code 6818 S Zarzamora								
		San Antonio, TX 78224								
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 34/78 Rpt: 43/87	Cortez, Philip (The Honorable)	00067628							
4	Date 01/23/2023	Payee name HEB Gas								
6	Amount (\$) \$56.14	7       Payee address;       City;       State;       Zip Code         \$56.14       6818 S Zarzamora         San Antonio, TX 78224								
8	PURPOSE OF EXPENDITURE	OF Travel Out of District								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/30/2023	HEB Gas								
	Amount (\$) \$60.56	Payee address; City; State; Zip Code 6818 S Zarzamora								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH								
	Date	Payee name								
	02/02/2023	HEB Gas								
	Amount (\$) \$106.87	Payee address; City; State; Zip Code 6818 S Zarzamora								
		San Antonio, TX 78224								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     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)							
1	Total pages Schedule F1:	2 FILFR NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
1	Sch: 35/78 Rpt: 44/87	Cortez, Philip (The Honorable)	00067628							
4	Date 02/06/2023	Payee name HEB Gas								
6	Amount (\$) \$103.00	7 Payee address;       City;       State; Zip Code         03.00       6818 S Zarzamora         San Antonio, TX 78224								
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/14/2023	HEB Gas								
	Amount (\$) \$65.77	Payee address; City; State; Zip Code 6818 S Zarzamora								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/16/2023	HEB Gas								
	Amount (\$) \$51.83	Payee address; City; State; Zip Code 6818 S Zarzamora								
		San Antonio, TX 78224								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         1           Food/Beverage Expense         Polling Expense         1           y -         Gift/Awards/Memorials Expense         Printing Expense         1				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILE				·	3	Filer ID (Ethics Commission Filers)		
1	Sch: 36/78 Rpt: 45/87		ez, Philip (The Honorable	00067628						
4	Date 02/21/2023		Payee name HEB Gas							
6	Amount (\$) \$49.85	7 Payee address; City; State; Zip Code 6818 S Zarzamora								
		San	Antonio, TX 78224							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candi	date/Officeholder name	C	Office sou	ht		Office held		
	Date	Paye	e name							
	02/27/2023	HEB	HEB Gas							
	Amount (\$)Payee address;City;State;Zip Code\$67.736818 S Zarzamora									
	DUDDOSE		Antonio, TX 78224							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the el In District	top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought				ht		Office held		
	Date	Paye	e name							
	03/13/2023	HEB	Gas							
	Amount (\$) \$100.96		e address; City; 3 S Zarzamora	State;	; Zip Coo	le				
		San	Antonio, TX 78224							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the el In District	top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candio	date/Officeholder name	C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 37/78 Rpt: 46/87		Cortez, Philip (The Honorable)				00067628		
4	Date	5	Payee name						
	03/20/2023		HEB Gas						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$59.76		6818 S Zarzamora						
			San Antonio, TX 78224						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description				
Ĩ	OF		Travel In District	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	officeholder living expense		
					Fuel				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	04/07/2023		HEB Gas						
_	Amount (\$)		Payee address; City; State;	Zip Co	de				
\$64.71 6818 S Zarzamora									
	+•								
			San Antonio, TX 78224						
PURPOSE OF EXPENDITURE			<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel Out of District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Sche</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fuel</li> </ul>						
	Complete ONLY if direct expenditure to benefit C/OF					Office held			
_	Date		Payee name						
	01/19/2023		HEB Valley Hi						
				; Zip Co	do				
	Amount (\$) \$12.99		Payee address; City; State; 368 Valley Hi Dr.	, zip co	ue				
	φ12.99								
			San Antonio, TX 78227						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District				de of Texas. Complete Schedule T.		
					Fuel	, 17,	officeholder living expense		
_	Complete ONLY if direct	Ļ	Candidate/Officeholder name C		abt		Office held		
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office sought         Office held         Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           y -         Gift/Awards/Memorials Expense         Printing Expense         T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · ·		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 38/78 Rpt: 47/87		Cortez, Philip (The Honorable)			ľ	00067628		
4	Date	5	Payee name						
	03/09/2023		HEB Valley Hi						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$35.01		368 Valley Hi Dr.						
			San Antonio, TX 78227						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF		Travel In District	ouuloy		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense		
					Fuel				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	01/19/2023		HEB gas						
Amount (\$) Payee address; City; State; Zip Code									
\$66.12 6818 S Zarzamora									
	<b>400.12</b>								
			San Antonio, TX 78224						
PURPOSE OF EXPENDITURE			<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel In District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas</li> </ul>						
	Complete ONLY if direct expenditure to benefit C/OF	5				Office held			
-	Date		Payee name						
	05/30/2023		Highland Market						
-	Amount (\$)		-	Zip Co	he				
	\$66.21		4511 Airport Blvd	210 00					
	φ00.21								
			Austin, TX 78751						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	_			
	OF EXPENDITURE		Food/Beverage Expense			, тх	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct		andidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OF	-1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transpor           Food/Beverage Expense         Polling Expense         Travel in           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel O					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 39/78 Rpt: 48/87		Cortez, Philip (The Honorable)	00067628						
4	Date 01/18/2023		Payee name Home Depot							
6	Amount (\$) \$156.24									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         EXPENDITURE       Image: Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held		
	Date		Payee name							
	03/31/2023		Home Slice Pizza							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$86.63     1415 South Congress Rd									
			Austin , TX 78704							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Staff meal</li> </ul>					-			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					Office held			
	Date		Payee name							
	01/06/2023		Host Gator							
	Amount (\$) \$13.80		Payee address; City; Sta 5005 Mitchelldale, Suite #100	te; Zip C	Code					
			Houston, TX 77092		-1					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(b)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense ite		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held		

			EXPENDITURE CATE	GORIES	S FOR I	3OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	Off Pol Prii Sal	lice Overh lling Expe nting Expe laries/Wag	ense Jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Sabadula E1:	2		113 11011	10 0011		12	Filer ID (Ethics Commission Filers)		
1	Total pages Schedule F1: Sch: 40/78 Rpt: 49/87		FILER NAME Cortez, Philip (The Honorable)				3	Filer ID     (Ethics Commission Filers)       00067628		
4	Date	5	Payee name				•			
	02/06/2023		Host Gator							
6	Amount (\$) \$13.80									
8	PURPOSE	(a)	Cotogon		. 0					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense Campaign website       Check if Austin, TX, officeholder living expense							officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	e sough	t		Office held		
	Date		Payee name							
	03/06/2023		Host Gator							
	Amount (\$)		Payee address; City; St	ate; Zi	ip Code	9				
	\$13.80		5005 Mitchelldale, Suite #100 Houston, TX 77092							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule	<sub>2)</sub> (t		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense iite		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	e sough	t		Office held		
	Date		Payee name							
	04/05/2023		Host Gator							
	Amount (\$) \$13.80		Payee address; City; St 5005 Mitchelldale, Suite #100	ate; Zi	ip Code	2				
			Houston, TX 77092							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule	<sub>≥)</sub> (t			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	e sough	t		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILEF	NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 41/78 Rpt: 50/87		z, Philip (The Honorable	e)				00067628			
4	Date 05/05/2023	5 Payee name Host Gator									
6	Amount (\$) \$13.80	5005	address; City; Mitchelldale, Suite #100 ton, TX 77092		; Zip Coo	le					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Expenditure       Image: Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office soug	ht		Office he	eld		
	Date	Payee	e name								
	06/05/2023	Host	Gator								
	Amount (\$) \$13.80	5005	e address; City; Mitchelldale, Suite #100		; Zip Coo	le					
	PURPOSE OF EXPENDITURE	( <b>a)</b> Categ	ton, TX 77092 ory (See Categories listed at the e Overhead/Rental Expe		edule)		n, TX,	ide of Texas. Com , officeholder livinç I			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office he	eld		
	Date	Payee	e name								
	01/26/2023	Hous	e LGBTQ caucus								
	Amount (\$) \$400.00	,	e address; City; Congress Avenue	State;	; Zip Coo	le					
			n , TX 78704								
	PURPOSE OF EXPENDITURE	( <b>a)</b> Categ Fees	Ory (See Categories listed at the	top of this sch	edule)		n, TX,	ide of Texas. Com , officeholder living <b>2S</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	C	Office soug	ht		Office he	eld		

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursemer       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       ommittee     Legal Services     Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form.	nt Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 42/78 Rpt: 51/87	Cortez, Philip (The Honorable)	00067628								
4	Date 04/24/2023	Payee name Intuit									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$32.48										
8	PURPOSE	(b) Description									
ō	OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/07/2023	JVC Media, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$401.40	9335 Lamerton San Antonio, TX 78250									
	PURPOSE OF EXPENDITURE	b) Category (See Categories listed at the top of this schedule)       (b) Description         Gift/Awards/Memorials Expense       Check if tra         Check if Au       Check if Au	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense t fiesta medals								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/10/2023	JVC Media, LLC									
	Amount (\$) \$514.19	Payee address; City; State; Zip Code 9335 Lamerton									
		San Antonio, TX 78250									
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense t Fiesta Medals								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 43/78 Rpt: 52/87	Cortez, Philip (The Honorable)	00067628								
4	Date 04/26/2023	Payee name JVC Media, LLC									
6	Amount (\$) \$27.87										
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Fees</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping fee</li> </ul>											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/21/2023	JW Marriott									
	Amount (\$) \$16.24	Payee address; City; State; Zip Code 10 E 2nd St Austin, TX 78701									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/19/2023	Kelly, Kady									
	Amount (\$) \$1,310.00	Payee address;City;State;Zip Code515 Dresden Drive									
		San Antonio, TX 78213									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense nbursement								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract La	pense abor		Travel in District Travel Out of Distr	uipment & Related Expense	
		1_	The Instruction Guid	e explains	now to co	nplete this for				(	
1	Total pages Schedule F1: Sch: 44/78 Rpt: 53/87		2       FILER NAME       3       Filer ID       (Ethics Co         Cortez, Philip (The Honorable)       00067628							(Ethics Commission Filers)	
4	Date	5	Payee name								
	03/03/2023		La Griglia								
6	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$147.18		2002 W Gray								
			Houston, TX 77019								
8	PURPOSE	(a)	Category (See Categories listed at the	ton of this sch	edule)	(b) Descript	tion				
	OF		Food/Beverage Expense		ouuro)			outsic	de of Texas. Compl	lete Schedule T.	
	EXPENDITURE							TX,	officeholder living e	expense	
						Staff for	od				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office hel	d	
	Date		Payee name								
	02/24/2023		Legislative Study Group								
	Amount (\$)		Payee address; City;	State:	Zip Co	de					
	\$1,000.00		P.O. Box 12943	,	, _, _,						
	\$2,000,000										
			Austin, TX 78768								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Fees	top of this sch	edule)		t if travel o t if Austin,	TX,	de of Texas. Compl officeholder living e S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ght			Office hel	d	
	Date		Payee name								
	01/05/2023		LoveJoy & Co								
	Amount (\$)		Payee address; City;	State	Zip Co	de					
	\$350.00		318 Feathergrass Drive	Olule,	, zip 00	uc					
	\$550.00		SIGT Callergiass Drive								
			Buda, TX 78610								
	PURPOSE		Category (See Categories listed at the		edule)	(b) Descript					
	OF EXPENDITURE		Office Overhead/Rental Expe	nse			if Austin,	ΤX,	de of Texas. Compl officeholder living e IS		
	Complete ONLY if direct	(	Candidate/Officeholder name	(	Office sou	ght			Office hel	d	
	expenditure to benefit C/Oł					· ·-			2	-	
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)								
-	Sch: 45/78 Rpt: 54/87	Cortez, Philip (The Honorable)	00067628								
4	Date	Payee name									
	01/23/2023	MailChimp									
6	Amount (\$) \$85.28	7 Payee address;     City;     State; Zip Code       512 Means Street									
		Atlanta, GA 30318									
8	B       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/22/2023	MailChimp									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$85.28	512 Means Street Atlanta, GA 30318									
	PURPOSE OF EXPENDITURE		DN travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/22/2023	MailChimp									
	Amount (\$) \$85.28	Payee address; City; State; Zip Code 512 Means Street									
		Atlanta, GA 30318									
	PURPOSE OF EXPENDITURE		ON travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME 3 Filer ID (Ethics Commiss									
	Sch: 46/78 Rpt: 55/87	Cortez, Philip (The Honorable)	00067628								
4	Date 04/24/2023	Payee name MailChimp									
6	Amount (\$) \$85.28										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       E-blast											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/22/2023	MailChimp									
	Amount (\$) \$85.28	Payee address; City; State; Zip Code 512 Means Street									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/22/2023	MailChimp									
	Amount (\$) \$85.28	Payee address;City;State;Zip Code512 Means Street									
		Atlanta, GA 30318									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	O P Dense P S	Office Overhe Polling Experi Printing Experisations Galaries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 47/78 Rpt: 56/87		Philip (The Honorable	)				00067628	· · ·	
4	Date 01/09/2023	Payee na Mi Tierra								
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$171.24       218 Produce Row         San Antonio, TX 78207									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Staff meeting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offi	ce sough	t		Office he	ld	
	Date	Payee na	ime							
	04/10/2023	Microso	ft							
	Amount (\$) Payee address; City; State; Zip Code \$75.76 1 Microsoft Way Redmond, WA 98052									
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. O</li> <li>Check if Austin, TX, officeholder lis</li> <li>Subscription</li> </ul> </li> </ul>								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offi	ce sough	t		Office he	ld	
	Date	Payee na	ame					-		
	03/16/2023	NALEO	Education Fund							
	Amount (\$) \$600.00	Payee ac 1122 W	ldress; City; est Washington Boule	State; 2 vard	Zip Code					
		Los Ang	eles, CA 90015			-				
	PURPOSE OF EXPENDITURE	<ul> <li>Category Fees</li> </ul>	(See Categories listed at the to	op of this schedu	<sub>ile)</sub> (t		n, TX,	ide of Texas. Com , officeholder living 5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offi	ce sough	t		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens	Lo Of Po e Pri Sa	oan Repay ffice Overh olling Expe rinting Exp alaries/Wa	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 48/78 Rpt: 57/87		Cortez, Philip (The Honorable)					00067628		
4	Date	5	Payee name							
	03/24/2023		Northeast Bexar County Democra	ats						
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Cod	9				
	\$250.00		15106 Beckbrook							
			San Antonio , TX 78232							
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule	le) (	<b>b)</b> Description				
	OF EXPENDITURE		Contributions/Donations Made By	У				ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political (	Committe	ee		ı, TX	, officeholder living expense		
						Donation				
_	Complete ONIL V if direct		Candidate/Officeholder name	Offic				Office held		
9	Complete ONLY if direct expenditure to benefit C/OF		Landidate/Onicenoider name	Ond	ce soug	п		Office held		
⊨	Date		Payee name							
	01/30/2023		Office Depot							
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	9				
	\$221.79		2321 SW Military							
			2							
			San Antonio, TX 78224							
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule	le) (	<b>b)</b> Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	2				ide of Texas. Complete Schedule T.		
						Office suppli		, officeholder living expense		
						Once supply	53			
_	Complete ONLY if direct		Candidate/Officeholder name	Offic	ce soug	nt		Office held		
	expenditure to benefit C/OI			0						
-	Date		Payee name							
	02/02/2023		Office Depot							
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	9				
	\$100.77		2321 SW Military	,	P					
			2							
			San Antonio, TX 78224							
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule	le) (	<b>b)</b> Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	9				ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Office suppli	65			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Offic	ce soug	ht		Office held		
	expenditure to benefit C/Oł			Unit						
⊢										

			EXPENDITURE CATEGOR		BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Sch: 49/78 Rpt: 58/87		Cortez, Philip (The Honorable)				00067628		
4	Date	5	Payee name						
	04/06/2023		Parking Management Company						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$20.00		3713 Charlotte Ave						
			Nashville, TN 37209						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Com		
			Expense				, officeholder living	expense	
					Event parking	g			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jnt		Office he	90	
	Date		Payee name						
	06/30/2023		Piryx						
-	Amount (\$)		Payee address; City; State;	Zip Co					
	\$247.25		995 Market Street	210 00					
	φ247.25		995 Market Stielet						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Fees				ide of Texas. Com		
					Check if Austin, TX, officeholder living expense				
					Online donat	ion	fees		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office he	2ICI	
F	Date		Payee name						
	05/16/2023		Premos Food Mart						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$50.00		5327 Cameron Rd						
			Austin, TX 78723						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Com		
							, officeholder living	expense	
					Food for staf	Γ			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office he	ld	
⊢									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide 6		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filer	s)			
	Sch: 50/78 Rpt: 59/87		Cortez, Philip (The Honorable)					00067628				
4	Date	5	Payee name									
	01/03/2023		RJ Publications									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de						
	\$200.00		PO Box 1692									
			Helotes, TX 78023									
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense		iouuloj		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE							, officeholder living expense				
						Sommerset A	٩d					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght		Office held				
	Date		Payee name									
	01/19/2023		Red Ash									
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$153.01		303 Colorado St	o tato,	, <u> </u>							
	\$100.01		#200									
			Austin, TX 78701			<i>a</i> \						
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense				
						Staff meeting						
						-						
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	ght		Office held				
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/28/2023		Red Ash									
	Amount (\$)		Payee address; City;	State;	; Zip Co	de						
	\$268.67		303 Colorado St		•							
			#200									
			Austin, TX 78701									
_	PURPOSE											
	OF	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Food/Beverage Expense					c, officeholder living expense				
						Staff meal						
	Complete ONLY if direct		andidate/Officeholder name	C	Office sou	ght		Office held				
	expenditure to benefit C/OI	Н										

			EXPENDITURE CAT	EGORIES FC	R B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Re Office O Polling E Printing Salaries	paym verhe Expen Exper Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 51/78 Rpt: 60/87		Cortez, Philip (The Honorable)					00067628
4	Date	5	Payee name				•	
	02/08/2023		Reinhard, Hannah					
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode			
	\$292.85		3316 guadalupe street					
			214					
			Austin, TX 78705					
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.
						Reimbursem		officeholder living expense
						Reimbulsein	ent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught	:		Office held
	Date		Payee name					
	02/09/2023		Reinhard, Hannah					
	Amount (\$)		Payee address; City;	State; Zip C	ode			
	\$700.00		3316 guadalupe street					
			214					
			Austin, TX 78705					
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.
						Reimbursem		officeholder living expense
						Reimburgern	CIII	
	Complete ONLY if direct		andidate/Officeholder name	Office so	l uaht			Office held
	expenditure to benefit C/OI	Н			0			
	Date		Payee name					
	02/18/2023		Reinhard, Hannah					
	Amount (\$)			State; Zip C	ode			
	\$185.00		3316 guadalupe street					
			214					
			Austin, TX 78705					
	PURPOSE		Category (See Categories listed at the top of		(h	Description		
	OF	(",	Salaries/Wages/Contract Labor	this schedule)			outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						Reimbursem	ent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held
	,							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 52/78 Rpt: 61/87		Cortez, Philip (The Honorable)				00067628			
4	Date	5	Payee name							
	03/15/2023		Reinhard, Hannah							
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$173.79		3316 guadalupe street							
214										
Austin, TX 78705										
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
			Salaries/Wages/Contract Labor	eulie)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		C C				, officeholder living expense			
					Reimbursem	ent				
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held			
	Date		Payee name							
03/15/2023 Reinhard, Hannah										
Amount (\$) Payee address; City; State; Zip Code										
	\$550.00		3316 guadalupe street							
			214							
			Austin, TX 78705							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.			
	_////		Expense		Check if Austin, TX, officeholder living expense Salary					
					Salary					
	Complete ONLY if direct		Candidate/Officeholder name C	Office sour	uht		Office held			
	expenditure to benefit C/OF				jin					
	Data	<u> </u>								
	Date 03/15/2023		Payee name Rent a Horn							
				Zin Co						
	Amount (\$) \$40.00		Payee address; City; State; 1201 S Lamar Blvd	Zip Co	Je					
	\$40.00		1201 S Lamar Bivu							
			Austin, TX 78704							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.						
			Expense		Transportatio		, officeholder living expense			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name C	Office sou	ıht		Office held			
	expenditure to benefit C/OF				<b>,</b> -					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 53/78 Rpt: 62/87		Cortez, Philip (The Honorable	)				00067628		
4	Date	5	Payee name							
	03/02/2023		Rey Feo Consejo Educational	l Foundat	tion					
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de				
\$500.00 1901 NW Military Hwy										
	Ste 102									
	San Antonio, TX 78213									
8	PURPOSE	(2)				(b) Description				
ľ	OF	(")	Category (See Categories listed at the t Fees	op of this sche	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense		
						Membership	fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght		Office held		
	Date		Payee name							
	05/09/2023		Salesian Sisters-St. James Ca	atholic Sc	chool`					
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$104.00		907 W. Theo Ave							
			San Antonio, TX 78225							
	PURPOSE OF	(a)	Category (See Categories listed at the t		edule)	(b) Description	outoi	ide of Toylog, Complete Cebedule T		
	EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politic		ittee			ide of Texas. Complete Schedule T. , officeholder living expense		
					illee	Donation		5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						Office held		
	Date		Payee name							
	01/03/2023		Sam's Club							
	Amount (\$)		Payee address; City;	State:	Zip Co	de				
	\$148.89		3150 SW Military Dr	otatoj	p 00					
	+= 10.00		0200 011 mmaxy 21							
			San Antonio, TX 78224							
	PURPOSE OF	(a)	Category (See Categories listed at the t		edule)	(b) Description	outoi	ide of Toylog, Complete Cebedule T		
	EXPENDITURE		Office Overhead/Rental Expension	nse				ide of Texas. Complete Schedule T. , officeholder living expense		
						Office supplie		,		
-	Complete ONLY if direct	L(	Candidate/Officeholder name	C	) Office sou	ght		Office held		
	expenditure to benefit C/OI					-				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 54/78 Rpt: 63/87		Cortez, Philip (The Honorable)				00067628			
4	Date 04/27/2023		Payee name San Antonio Conservation Society							
6	Amount (\$) \$500.00									
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         Image: Contribution of the second state of t										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice soug	ht		Office held			
	Date		Payee name							
	02/08/2023		Scarborough, Ben							
	Amount (\$) \$50.00	Amount (\$) Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
	Date		Payee name							
	06/23/2023		Shell Gas Station							
	Amount (\$) \$100.00		Payee address; City; State; 2315 SW 36th Street	Zip Coo	le					
			San Antonio, TX 78237							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel In District	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice soug	ht		Office held			
		_		_		_				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER N	AME			-	3	Filer ID	(Ethics Commission Filers)	
	Sch: 55/78 Rpt: 64/87		Philip (The Honorabl	e)				00067628	、	
4	Date 06/07/2023	Payee n Shell G	ame as Station							
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$95.29       2315 SW 36th Street         San Antonio, TX 78237									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	Office soug	ht		Office he	eld	
	Date	Payee n	ame							
	04/03/2023	Shell O	il							
	Amount (\$) \$120.07	Payee a 606 W		State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE	a) Category	/ (See Categories listed at the n District	top of this sche	edule)			ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	Office sou	ht		Office he	eld	
	Date	Payee n	ame							
	03/07/2023	Shell- A	ustin							
	Amount (\$) \$68.28	Payee a 2400 Ri	ddress; City; o Grande Street	State;	Zip Coo	le				
		Austin,	TX 78705							
	PURPOSE OF EXPENDITURE		/ (See Categories listed at the n District	top of this sche	edule)			ide of Texas. Com , officeholder living		
ļ	Complete ONLY if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	Office soug	ht		Office he	eld	

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex tee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FII	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 56/78 Rpt: 65/87	Сс	ortez, Philip (The Honorable	e)				00067628	
4	Date 05/01/2023		yee name nell- Austin						
6 Amount (\$)       7 Payee address; City; State; Zip Code         \$91.44       2400 Rio Grande Street         Austin, TX 78705									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living Fuel									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ıht		Office he	eld
	Date	Pa	yee name						
	03/13/2023	Sł	nell						
Amount (\$)Payee address;City;State;Zip Code\$47.055815 S Pan Am Exprwy									
	PURPOSE OF EXPENDITURE	<b>(a)</b> Ca	an Antonio, TX 78211 Itegory (See Categories listed at the avel In District	top of this sch	edule)			ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ıht		Office he	eld
	Date	Pa	yee name						
	03/16/2023	So	outhwest Airlines						
	Amount (\$) \$641.96		yee address; City; 02 Love Field Drive	State;	; Zip Coo	le			
		Da	allas , TX 75235						
	PURPOSE OF EXPENDITURE		<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>b) Description</li> <li>Check if travel outside of Tex</li> <li>Check if Austin, TX, officehol</li> <li>Travel for NALEO</li> </ul>					, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	Jht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	oayme erhea xpense xpens Xpens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising E. Transportation Equipment Travel in District Travel Out of District OTHER (enter a category	& Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics	s Commission Filers)		
	Sch: 57/78 Rpt: 66/87		Cortez, Philip (The Honorable)					00067628			
4	Date 01/30/2023	5	Payee name Spectrum Cable								
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	nde						
ľ	\$112.75	Ľ	1900 Blue Crest Ln	ло, <i>2</i> iр ос	Juc						
	San Antonio, TX 78247										
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF		Office Overhead/Rental Expense	concurrey			outsi	de of Texas. Complete Sch	nedule T.		
	EXPENDITURE						, TX,	officeholder living expense	9		
						DO cable					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	03/03/2023		Spectrum Cable								
-	Amount (\$)	⊢	Payee address; City; Sta	ate; Zip Co	ode						
	\$112.85		1900 Blue Crest Ln								
	φ112.00										
			San Antonio, TX 78247								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Sch			
						Check if Austin, TX, officeholder living expense DO cable					
						DO cable					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held			
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	03/30/2023		Spectrum Cable								
				ate; Zip Co	ada						
	Amount (\$)		5	ale, Zip Co	Jue						
	\$113.99		1900 Blue Crest Ln								
			San Antonio, TX 78247								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF		Office Overhead/Rental Expense	concurrey			outsi	de of Texas. Complete Sch	nedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense	2		
					1	DO cable					
					1						
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	ught			Office held			
	expenditure to benefit C/OI	Н			-						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:			•		·	3	Filer ID	(Ethics Commission Filers)		
-	Sch: 58/78 Rpt: 67/87		p (The Honorable	e)				00067628	()		
4	Date	Payee name									
	05/01/2023	Spectrum C	able								
6	Amount (\$)	Payee addres	s; City;	State;	Zip Coo	le					
\$113.99 1900 Blue Crest Ln											
	San Antonio, TX 78247										
8	PURPOSE		e Categories listed at the t		- dula)	<b>b)</b> Description					
ľ	OF		nead/Rental Expe		edule)		outsi	ide of Texas. Compl	lete Schedule T.		
	EXPENDITURE	onice oven		1150		Check if Austin	n, TX,	, officeholder living e	expense		
						DO cable					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Offic	ceholder name	0	Office soug	ht		Office hel	d		
	Date	Payee name									
	05/30/2023	Spectrum C	able								
	Amount (\$)	Payee addres	s; City;	State:	Zip Coo	le					
	\$114.01 1900 Blue Crest Ln										
	\$11 HO1	1000 Dido C									
		San Antonio	, TX 78247								
	PURPOSE OF EXPENDITURE		e Categories listed at the t nead/Rental Expe		edule)			ide of Texas. Compl , officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held						d			
	Date	Payee name									
	01/03/2023	Sprint Wirele	ess								
	Amount (\$)	Payee addres		Stato <sup>.</sup>	Zip Coo						
	\$129.34	P.O. Box 41		State,	Zip Cot						
	Φ129.04	F.O. D0X 41	51								
		Carol Strear	n , IL 60197								
	PURPOSE OF		e Categories listed at the t		edule)	b) Description					
	EXPENDITURE	Office Overh	nead/Rental Expe	nse			n, TX	ide of Texas. Compl , officeholder living e None			
-	Complete ONLY if direct	Candidate/Offic	ceholder name	0	Office soug	ht		Office hel	d		
	expenditure to benefit C/Oł			C		-		2	-		
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav Gift/Awards/Memorials Expense Printing Expense Trav						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				·	3	Filer ID (Ethics Commission Filers)			
-	Sch: 59/78 Rpt: 68/87		Cortez, Philip (The Honorable)	)				00067628			
4	Date	5 I	Payee name								
	02/01/2023		Sprint Wireless								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
\$129.34 P.O. Box 4191											
	Carol Stream , IL 60197										
8	PURPOSE		Category (See Categories listed at the to		(and table)	(b) Description					
ľ	OF		Office Overhead/Rental Exper		iedule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE			150		Check if Austin	, TX,	, officeholder living expense			
						Campaign pł	non	e			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ht		Office held			
	Date	I	Payee name								
	05/22/2023		Sunoco								
	Amount (\$)		Payee address; City;	State	; Zip Coo	le					
	\$65.33		500 E Rice Street	otato	, בוף סטנ						
	400.00										
		1	Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Fravel Out of District	op of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł							Office held			
-	Date	1	Payee name								
	03/04/2023		rDCJ								
	Amount (\$)		Payee address; City;	State	; Zip Coo	le					
	\$464.40		PO Box 4012	State,	, zip cot						
	φ+0+.+0		0 000 4012								
			Huntsville , TX 77342								
	PURPOSE OF		Category (See Categories listed at the to		nedule)	(b) Description					
	EXPENDITURE	(	Office Overhead/Rental Exper	ise			ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ture			
-	Complete ONLY if direct	L Ci	andidate/Officeholder name	(	Office soug	ht		Office held			
	expenditure to benefit C/OI										
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · · ·		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 60/78 Rpt: 69/87	-	Cortez, Philip (The Honorable)				00067628			
4	Date	5	Payee name							
	01/09/2023		Target- San Antonio							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
\$187.24 2810 SW Military Drive										
			San Antonio, TX 78224							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description					
Ĩ	OF		Office Overhead/Rental Expense	iedule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	I, TX	, officeholder living expense			
					Office supplie	es				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	04/26/2023		Target.com							
	Amount (\$)		Payee address; City; State:	; Zip Co	de					
	\$92.92		1000 Nicollet Mall	,						
	+0=:0=									
			Minneapolis, MN 55403							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Office supplie					
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	thr		Office held			
	expenditure to benefit C/OI				<u>.</u>					
_	Date	_								
	01/12/2023		Payee name Target							
			5	7. 0						
	Amount (\$)			; Zip Co	de					
	\$303.19		5621 N Interstate 35 Frontage Rd							
			Austin , TX 78723							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
					Office supplie		, officeholder living expense			
						33				
	Complete ONIL V if direct	Ľ	Condidate/Officebolder come	Office cours	sht		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	JIIL		Office held			
_										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exp Legal Services The Instruction Guide	Of Po pense Pr Sa	ffice Overh olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FILEI	R NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 61/78 Rpt: 70/87	Corte	ez, Philip (The Honorable	)				00067628		
4	Date	5 Paye	e name							
	04/11/2023	Targ								
6	Amount (\$)	7 Paye	e address; City;	State; Z	ip Cod	9				
	\$116.29	901	E 5th St.							
Ste 140										
Austin , TX 78702										
8	PURPOSE					) Description				
Ũ	OF		OVER (See Categories listed at the te Overhead/Rental Expe		(e)		outsi	ide of Texas. Comp	blete Schedule T.	
	EXPENDITURE	onio				Check if Austir	ı, TX	, officeholder living	expense	
						Office supplie	es			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candio	late/Officeholder name	Offic	ce sougl	nt		Office he	ld	
	Date	Paye	e name							
	05/03/2023	Targ	et							
Amount (\$) Payee address; City; State; Zip Code										
	\$238.78	5621	N I-35							
		Aust	in , TX 78723							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the t e Overhead/Rental Expe		ie) (I		n, TX	ide of Texas. Comp , officeholder living		
				- <i>m</i>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	late/Officeholder name	Offic	ce sougl	it		Office he	ld	
	Date	Dava	e name							
	05/19/2023	Targ								
		-		Stata: 7	in Cod					
	Amount (\$) \$158.56		e address; City; . N I-35	State; Z	ip Cou	5				
	φ130.30	5021	. N 1-55							
		Aust	in , TX 78723							
	PURPOSE OF		gory (See Categories listed at the t		le) (I	) Description				
	EXPENDITURE	Offic	e Overhead/Rental Expe	nse			n, TX,	ide of Texas. Comp , officeholder living		
	Complete ONLY if direct	Candia	late/Officeholder name	Offic	ce sougl	nt		Office he	ld	
	expenditure to benefit C/OF	Canult		Unic	so sougi	ι <b>ι</b>		Unice he	iu I	

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4	Tatal pages Cabadula F1.	-		eexplains	1000 10 001	inplete this form.	1	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 62/78 Rpt: 71/87	2	Cortez, Philip (The Honorable	)			3	Filer ID     (Ethics Commission Filers)       00067628
4	Date	5	Payee name					
	05/30/2023		Target					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de		
	\$128.38		5621 N I-35					
			Austin , TX 78723					
8	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expen	nse				ide of Texas. Complete Schedule T.
								, officeholder living expense
						office supplie	:5	
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	04/10/2023		Tex Best Gas					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de		
	\$107.28		2131 TX-80					
			Lulling, TX 78648					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Travel Out of District	op of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office held
	Date	ĺ	Payee name					
	03/24/2023		Texas Democratic Party					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de		
	\$250.00		1106 Lavaca, STE 100		•			
			Austin, TX 78701					
	PURPOSE OF	(a)	Category (See Categories listed at the t		edule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politic		nittee			ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct	L(	Candidate/Officeholder name	C	Office sou	aht		Office held
	expenditure to benefit C/Oł				22 2004	• ·		
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expo ee Legal Services The Instruction Guide	ense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 63/78 Rpt: 72/87		rtez, Philip (The Honorable)					00067628	· · ·	
4	Date 01/04/2023		ree name e Rose Boutique							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$175.00 955 Cincinnati Ave. San Antonio, TX 78201									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Constituent flowers       Constituent flowers										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	Of	ffice soug	ht		Office he	ld	
	Date	Pay	vee name							
	02/02/2023	Th	e Rose Boutique							
	Amount (\$) \$175.00	95	ree address; City; 5 Cincinnati Ave. n Antonio, TX 78201	State;	Zip Coc	e				
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to t/Awards/Memorials Expens		dule)		ı, TX,	de of Texas. Comp officeholder living <b>ERS</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	5						Office he	ld	
	Date	Pa	vee name							
	04/13/2023		e Rose Boutique							
	Amount (\$) \$145.00	-	ree address; City; 5 Cincinnati Ave.	State;	Zip Coc	e				
		Sa	n Antonio, TX 78201							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to t/Awards/Memorials Expens		dule)		ı, ТХ,	de of Texas. Comp officeholder living <b>ETS</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	Of	ffice soug	ht		Office he	eld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     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)
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 64/78 Rpt: 73/87	Cortez, Philip (The Honorable)	00067628
4	Date 02/01/2023	Payee name USPS	
6	Amount (\$) \$251.00	Payee address; City; State; Zip Code 1140 S Laredo St. San Antonio, TX 78204	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense /al
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/27/2023	Uber trip	
	Amount (\$) \$6.03	Payee address; City; State; Zip Code 1455 Market Street San Francisco , CA 94103	
	PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>Transportation Equipment &amp; Related</li> <li>(b) Description</li> <li>Check if travel of</li> </ul>	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/07/2023	Uber trip	
	Amount (\$) \$21.83	Payee address; City; State; Zip Code 1455 Market Street	
		San Francisco , CA 94103	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · ·			2	Filer ID (Ethics Commission Filers)
T	Sch: 65/78 Rpt: 74/87		Cortez, Philip (The Honorable)			3	00067628
4	Date 03/28/2023		Payee name Uber trip				
6			•	Zip Co	10		
0	Amount (\$) \$19.99		1455 Market Street		ie		
	¢10.00						
			San Francisco , CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	,		outsi	ide of Texas. Complete Schedule T.
			Expense				, officeholder living expense
					Transportatio	n	
_	-						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	04/11/2023		Uber trip				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$20.02		1455 Market Street	•			
			San Francisco , CA 94103				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Transportation Equipment & Related Expense				ide of Texas. Complete Schedule T. , officeholder living expense
			Lapense		Transportatio		,
					•		
	Complete ONLY if direct	C	Candidate/Officeholder name O	office soug	Iht		Office held
	expenditure to benefit C/OI	Н					
_	Date		Payee name				
	05/16/2023		Uber trip				
	Amount (\$)		•	Zip Co	10		
	\$12.92		1455 Market Street	210 000			
	\$12.02						
			San Francisco , CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.
			Expense		Transportatio		, officeholder living expense
					ransportatio	/11	
-	Complete ONLY if direct		Candidate/Officeholder name O	office soug	iht		Office held
	expenditure to benefit C/Oł			muce sou(	pric		Once neid
-							

			EXPENDITURE C	RIES FOR	вох	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	head/Re ense oense ages/Co	eimbursement ental Expense intract Labor this form		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_				Filer ID (Ethics Commission File						
1	Total pages Schedule F1: Sch: 66/78 Rpt: 75/87		FILER NAME     3     Filer ID     (Ethics Comminent Comminent Context, Philip (The Honorable)       Cortez, Philip (The Honorable)     00067628							rs)
4	Date	5	Payee name							
	04/26/2023		Uber trip							
6	Amount (\$) \$9.46		Payee address; City; 1455 Market Street San Francisco , CA 94103	State;	; Zip Coo	le				
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	( <b>b)</b> De	escription			
	OF EXPENDITURE		Transportation Equipment & R Expense				Check if travel o	ΤX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht			Office held	
	Date		Payee name							
	01/06/2023		Via 313 Pizza							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$77.93		61 Rainey Street Austin , TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	op of this sch	edule)		-		de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht			Office held	
	Date		Payee name							
	05/15/2023		Via 313 Pizza							
	Amount (\$) \$56.18		Payee address; City; 61 Rainey Street	State;	; Zip Coo	le				
			Austin , TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	op of this sch	edule)		4	ΤX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht			Office held	

			EXPENDITURE CATEO	OR	IES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explai		Office Over Polling Exp Printing Ex Salaries/W	rhead lense pense ages/	e Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	·					2	Filer ID	(Ethics Commission	Filers)
-	Sch: 67/78 Rpt: 76/87		Cortez, Philip (The Honorable)					5	00067628		1 11013)
4	Date 01/06/2023	5	Payee name Via 313 Pizza								
6	Amount (\$)	7		ato.	Zip Co						
ľ	\$72.20	ľ	61 Rainey Street	ale,		JC					
	¢12.20										
			Austin , TX 78701								
8	PURPOSE	<u> </u>				(h)	Description				
ľ	OF	(4)	Category (See Categories listed at the top of this Food/Beverage Expense	scheo	dule)	(0)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		roou/Develage Expense						officeholder living		
							Food for staff	F			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice sou	ght			Office h	eld	
	Date		Payee name								
	03/03/2023		Villa, Claudia (Mrs.)								
	Amount (\$)		Payee address; City; Sta	ate;	Zip Co	de					
	\$175.00		6123 Deer Valley								
			,								
			San Antonio, TX 78242								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	sched	dule)	(b)	Description				
	EXPENDITURE		Gift/Awards/Memorials Expense						officeholder living	plete Schedule T.	
							Snacks for co				
										9	
	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice soug	aht			Office h	eld	
	expenditure to benefit C/OI	Н				,					
-	Date	<u> </u>	Payee name								
	05/04/2023		Vince Young Steakhouse								
_	Amount (\$)			ato.	Zip Co						
	\$18.54		301 San Jacinto Blvd	ale,	Zip Cu	Je					
	φ10.04										
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this	sched	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense							plete Schedule T.	
								, TX,	officeholder living	g expense	
							Staff meal				
	Operation Operation			~	<b>((</b> '				017	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Of	ffice sou	ght			Office h	eid	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       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)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 68/78 Rpt: 77/87	Cortez, Philip (The Honorable)	00067628
4		Payee name	
	01/10/2023	WUFOO.COM	
6	Amount (\$) \$20.26	Payee address; City; State; Zip Code 1 Curiosity Way San Mateo , CA 94403	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense İ <b>ty</b>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/10/2023	WUFOO.COM	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.26	1 Curiosity Way San Mateo , CA 94403	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense bsite security
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/10/2023	WUFOO.COM	
	Amount (\$) \$20.26	Payee address;City;State; Zip Code1 Curiosity Way	
		San Mateo , CA 94403	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense bsite security
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)
_	<b>T</b> ( <b>1 1 1 1 1</b>	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 69/78 Rpt: 78/87	2 FILER NAME Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628
4	Date 04/10/2023	5 Payee name WUFOO.COM	
6	Amount (\$) \$20.26	7 Payee address; City; State; Zip Code 1 Curiosity Way San Mateo , CA 94403	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense sbsite security
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/10/2023	WUFOO.COM	
	Amount (\$) \$20.26	Payee address; City; State; Zip Code 1 Curiosity Way	
	BUBBOOF	San Mateo , CA 94403	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense rity
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/12/2023	WUFOO.COM	
<u> </u>	Amount (\$) \$20.26	Payee address; City; State; Zip Code 1 Curiosity Way	
		San Mateo , CA 94403	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense rity
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re ense pense ages/Co	eimbursement ental Expense ntract Labor <b>this form.</b>		Travel in District Travel Out of District	pment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)		
	Sch: 70/78 Rpt: 79/87		Cortez, Philip (The Honorable)					00067628			
4	Date	5	Payee name								
	01/03/2023		Walgreens-San Antonio								
6	Amount (\$)	7		e; Zip Co	de						
	\$174.46		7019 South Zarzamora								
			San Antonio, TX 78224								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) De	escription					
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complet officeholder living exp			
						fice Supplie		oncentrater living exp	pense		
					0.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	04/05/2023		Walgreens								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$88.32		5345 N IH 35								
			Austin, TX 78723								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) De	escription					
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complet officeholder living exp			
						ffice supplie		onicentitider inving exp	pende		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office held			
		_									
	Date		Payee name								
	01/17/2023		Wayfair								
	Amount (\$)			e; Zip Co	de						
	\$80.80		Four Copley Place								
			7th Floor								
			Boston , MA 02116								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	<b>(b)</b> De	escription					
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complet			
	-					fice supplie		officeholder living exp	pense		
					0	nce supplie	3				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	tht			Office held			
	expenditure to benefit C/OI				JIIL			Onice nelu			

			EXPENDITURE CA	TEGORIES F	OR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mittee Legal Services The Instruction Guide e	Office Polling se Printin Salarie	Overh g Expe ng Expe es/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 71/78 Rpt: 80/87	'	Cortez, Philip (The Honorable)					00067628
4	Date	5	Payee name					
	01/13/2023	'	Wayfair					
6	Amount (\$)	7	Payee address; City;	State; Zip	Code	е		
	\$1,674.62	'	Four Copley Place					
		·	7th Floor					
			Boston , MA 02116					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	sough	nt		Office held
	Date		Payee name					
	02/16/2023		Wayfair			_		
	Amount (\$)		Payee address; City;	State; Zip	Code	е		
	\$70.35		Four Copley Place					
		·	7th Floor					
			Boston , MA 02116					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Furniture	of this schedule)	(1			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	sougł	nt		Office held
	Date		Payee name					
	02/27/2023	י	Wayfair					
	Amount (\$) \$107.16		Payee address; City; Four Copley Place 7th Floor Boston , MA 02116	State; Zip	Code	e 		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expension		(1		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	sough	nt		Office held

				EXPENDITUR	E CATEGO	RIES FOR	во	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 72/78 Rpt: 81/87		Cortez, Ph	ilip (The Honorab	le)					00067628	
4	Date	5	Payee name	9							
	04/12/2023		Wayfair								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$205.66		Four Cople	ey Place							
			7th Floor								
			Boston , M	A 02116							
8	PURPOSE	(a)	Category (s	See Categories listed at th	e top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Furniture			,	]		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE								, TX,	officeholder living	) expense
								Furniture			
9	Complete ONLY if direct		Candidate/Of	ficeholder name	(	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name	9							
	05/05/2023		White Glov	e Cleaning Servi	се						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$106.09		1910 NW N	Ailitary Hwy							
			San Antoni	io, TX 78213							
	PURPOSE	(a)	Category (s	See Categories listed at th	ne top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Ove	rhead/Rental Exp	oense						plete Schedule T.
								Check if Austin Clean DO	, TX,	officeholder living	) expense
	Complete ONLY if direct		Candidate/Of	ficeholder name	(	Office sour	aht			Office h	eld
	expenditure to benefit C/OI					- · · · · · ·	5				
	Date		Payee name	9							
	01/03/2023		Zoom								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$16.00		55 Almade								
			San Jose,	CA 95113							
	PURPOSE	(a)	Category (s	See Categories listed at th	ne top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			rhead/Rental Exp		,	l				plete Schedule T.
	EXPENDITORE						]			officeholder living	g expense
								Video confere	enc	sing	
	Complete ONIL V if direct	Ļ	Candidate/Of	ficeholder name			nh+			Office h	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluate/UT	icenoider name	(	Office sou	yıll			Unice h	εiu
-											

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 73/78 Rpt: 82/87	Cortez, Philip (The Honorable)	00067628
4	Date 02/02/2023	Payee name Zoom	
6	Amount (\$) \$16.00	Payee address;       City;       State;       Zip Code         55 Almaden Blvd       San Jose, CA 95113	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ncing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/02/2023	Zoom	
	Amount (\$) \$17.07	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>ncing</b>
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/03/2023	Zoom	
	Amount (\$) \$17.07	Payee address;     City;     State;     Zip     Code       55 Almaden Blvd	
		San Jose, CA 95113	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ncing
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		E	XPENDITURE CATEGO	RIES FOR I	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/E Gift/Av mittee Legal	Expense Beverage Expense vards/Memorials Expense Services <b>nstruction Guide explains</b>	Office Overh Polling Expe Printing Expe Salaries/Wag	ense jes/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 74/78 Rpt: 83/87	Cortez, Philip (T	he Honorable)				00067628	``````````````````````````````````````
4	Date 05/02/2023	Payee name Zoom						
6	Amount (\$) \$17.07	Payee address; 55 Almaden Blvo San Jose, CA 95	t i	e; Zip Code	2			
8	PURPOSE OF EXPENDITURE		egories listed at the top of this sc /Rental Expense	hedule) (I		n, TX,	de of Texas. Com officeholder living C <b>C</b>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sough	t		Office he	ld
	Date	Payee name						
	06/02/2023	Zoom						
	Amount (\$) \$17.07	Payee address; 55 Almaden Blvo San Jose, CA 95	E	e; Zip Code	3			
	PURPOSE OF EXPENDITURE		egories listed at the top of this sc /Rental Expense	hedule) (I		n, TX,	de of Texas. Com officeholder living ing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sough	it		Office he	ld
	Date	Payee name						
	01/05/2023	eRenterPlan.cor	n					
	Amount (\$) \$39.25	Payee address; 330 Commerce Suite 100 Irvine , CA 9260		e; Zip Code	)			
	PURPOSE OF EXPENDITURE	Category <sub>(See Cate</sub> Fees	gories listed at the top of this sc	hedule) (I	<ul> <li>Description         <ul> <li>Check if travel</li> <li>Check if Austir</li> </ul> </li> <li>Renter's insution</li> </ul>	n, TX,		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sough	it		Office he	eld

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expen Fees Food/Bevera Gift/Awards/ Legal Servic	ige Expense Memorials Expense	Loan Rep Office Ov Polling E: Printing E Salaries/	oayme erhea kpens Expens Wages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	5		-					5	Filer ID	(Ethics Commission Filers)
T		<b> </b> <sup>2</sup>							ľ		
	Sch: 75/78 Rpt: 84/87		Cortez, Phi	lip (The F	lonorable)					00067628	
4	Date	5	Payee name	•							
	02/06/2023		eRenterPla	In.com							
6	Amount (\$)	7	Payee addre	ess; Ci	tv <sup>.</sup> S	State; Zip Co	nde				
ľ	\$39.25	Ľ	330 Comm		.y, c		540				
	Φ39.23			eice							
			Suite 100								
			Irvine , CA	92602							
8	PURPOSE	(a)	Category (s	See Categories	listed at the top of th	nis schedule)	(b)	Description			
	OF		Fees	ou oulogonou		ile concato)			outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE							Check if Austin	n, TX,	, officeholder living	g expense
								Renter's insu	iran	ice	
9	Complete ONLY if direct	<u>ا</u>	Candidate/Off	iceholder r	name	Office sou	uaht			Office he	eld
	expenditure to benefit C/OF					000 000	-g			000	
	Date		Payee name	•							
	02/06/2023		eRenterPla	In.com							
_	Amount (\$)	┝	Payee addre	ess; Ci	tv: S	State; Zip Co	nde				
	\$39.25		330 Comm		, c		Juc				
	\$39.25			erce							
			Suite 100								
			Irvine , CA	92602							
	PURPOSE	(a)	Category (s	See Categories	listed at the top of th	nis schedule)	(b)	Description			
	OF		Fees						outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE							X Check if Austin	n, TX,	, officeholder living	g expense
								Renter's insu	iran	ice	
	Complete ONLY if direct	. (	Candidate/Off	iceholder r	name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI	Н					0				
-	Data	_									
	Date		Payee name								
	04/05/2023		eRenterPla	ui.com							
	Amount (\$)		Payee addre	ess; Ci	ty; S	State; Zip Co	ode				
	\$39.25		330 Comm	erce							
			Suite 100								
			Irvine , CA	02602							
	PURPOSE OF	(a)		See Categories	listed at the top of th	nis schedule)	(b)	Description			
	EXPENDITURE		Fees								plete Schedule T.
								X Check if Austin			g expense
							1	Renter's insu	ııdl		
	Complete ONLY if direct		Candidate/Off	iceholder r	name	Office sou	ught			Office he	eld
	expenditure to benefit C/OF	Η									

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhe Food/Beverage Expense Polling Expen - Gift/Awards/Memorials Expense Printing Expe		ayme erhea pense xpens Xpens Vages	nent/Reimbursement ead/Rental Expense nse nse les/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 76/78 Rpt: 85/87		Cortez, Philip (The Honorable)				-	00067628	、 
4	Date	5	Payee name						
	05/05/2023		eRenterPlan.com						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$39.25		330 Commerce						
			Suite 100						
			Irvine , CA 92602						
8	PURPOSE				(h)	Description			
ð	OF	(a)	Category (See Categories listed at the top of this so Fees	chedule)	(0)	Description	outsi	de of Texas. Com	nlete Schedule T.
	EXPENDITURE		Fees					officeholder living	
						Renter's insu			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						eld		
	Date		Payee name						
	06/05/2023 eRenterPlan.com								
-	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$39.25 330 Commerce								
			Suite 100						
			Irvine , CA 92602		1.0.0				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(D)	Description	outei	do of Toyas Com	nlata Sahadula T
EXPENDITURE			Fees       Check if travel outside of Texas. Complete Schedule T.         X       Check if Austin, TX, officeholder living expense						
			Renter's insurance						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-	Candidate/Officeholder name	Office sou	ight			Office he	eld
	Date	Γ	Payee name						
	03/30/2023		tmobile						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
\$129.34 3625 132nd Avenue Southeast Bellevue									
	+								
			Bellevue, WA 98006						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			· · · · <u>-</u>
OF     Check if travel outside of Texas. Complete Sche       EXPENDITURE     Check if Austin, TX, officeholder living expense									
						Phone payme		onicenoider living	expense
						i none payin	ent		
	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	laht			Office he	ald
	expenditure to benefit C/OF		andidate/Onicenoider name	Once sou	iyin			Onice ne	nu -

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food//Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Prilting Expense       Committee     Legal Services     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)			
1	Total pages Schedule F1:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)			
	Sch: 77/78 Rpt: 86/87	Cortez, Philip (The Honorable)	00067628			
4	Date 05/01/2023	5 Payee name tmobile				
6	Amount (\$) \$129.34	<ul> <li>Payee address; City; State; Zip Code</li> <li>3625 132nd Avenue Southeast Bellevue</li> <li>Bellevue, WA 98006</li> </ul>				
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Phone payment</li> </ul>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/31/2023 tmobile					
	Amount (\$) \$129.34	Payee address; City; State; Zip Code 3625 132nd Avenue Southeast Bellevue Bellevue, WA 98006				
PURPOSE OF EXPENDITURE			itside of Texas. Complete Schedule T. IX, officeholder living expense Nt			
	Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held					
	Date	Payee name				
	03/01/2023	tmobile				
	Amount (\$)     Payee address;     City;     State;     Zip     Code       \$100.00     3625 132nd Avenue Southeast Bellevue					
	Bellevue, WA 98006					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense Nt			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

		EXPENDITU	RE CATEGORIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	s Expense Office Over se Polling Exp Salaries/Wa	oense ages/Contract Labor	Travel in District Travel Out of Distric	pment & Related Expense
	-		uide explains how to con	plete this form.		
1	Total pages Schedule F1:					Ethics Commission Filers)
	Sch: 78/78 Rpt: 87/87	Cortez, Philip (The Honora	ble)		00067628	
4	Date	5 Payee name		•		
	06/30/2023	tmobile				
6	Amount (\$)	7 Payee address; City;	State; Zip Coc	le l		
	\$129.34	3625 132nd Avenue South				
	\$12010 I					
		Bellevue, WA 98006				
8	PURPOSE OF	(a) Category (See Categories listed at	the top of this schedule)	b) Description		
	EXPENDITURE	Fees			outside of Texas. Complet	
				Phone payme	TX, officeholder living ex	pense
				i none payme		
9	Complete ONLY if direct	Candidata/Officabaldar nama	Office soug	b+	Office hold	
9	expenditure to benefit C/Oł	Candidate/Officeholder name	Office soug	TIL	Office held	