CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00067628		2 Total pages filed: 97
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Philip			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024
	NICKNAWE	Cortez		SUFFIX	01/10/2021
					<u> </u>
4 CANDIDATE / OFFICEHOLDER		/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	7919 Liberty Island				Receipt # Amount
ADDRESS					, and and
Change of Address	San Antonio, TX 78227-473	34			Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Ms.	Rose			
	NICKNAME	LAST		SUFFIX	
		Cortez			
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	AP	T / SUITE #; CITY	; STATE; ZIP CODE
TREASURER ADDRESS	351 McNarney				
(Residence or Business)					
(**************************************	San Antonio, TX 78211				
7 CAMPAICN	ADEA CODE DUONI	E NUMBER - F	VTENCIONI		
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION		
PHONE	(210) 923-1557				
8 REPORT	+				
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
		_			appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TU	IROUGH	Month Day	
	07/01/2023	10	ikuuun	12/31/20	023
10 ELECTION	ELECTION DATE			ELECTION TYPE	
10 ELECTION	Month Day Year	XPI	rimary	Runoff	Other
	03/05/2024			브	
		∐ ^G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	
	State Representative Distri	ct 117		State Represer	ntative District 117
	-				
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 97

13 C / OH NAME	Cortez, Philip (The H	onorable)	14 Filer ID 00067628	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made without I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 85,588.35		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC		\$ 59,279.59			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 52,020.45		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t			
		The H	onorable Philip Cortez			
		Signature	of Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 97
18 FILER NAME 19 Filer ID	(Ethics Commission Filers)
Cortez, Philip (The Honorable) 00067628	3
20 SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
NAME OF SCHEDULE	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 83,200.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,388.35
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 59,279.59
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	·

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/97	
2	FILER NAME Cortez, Philip	o (The Honorable)		3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 12/22/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
0	Dringing agg	Houston, TX 77027	Employer (See Instructions	·/		
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/27/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	:\ 		
	i illicipal occu	pation, out the (out mondations)	Employer (See Instructions	',		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas (PAC) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_Blanchard, Adam (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78260)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO & Co-F	pation / Job title (See Instructions) ounder	Employer (See Instructions Tanager Logistics	5)		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#:_ Brown & McDonald PLLC Contributor address; City; State; Zip Code San Antonio, TX 78216)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/97		
2	FILER NAME Cortez, Philip	o (The Honorable)		3	Filer ID (Ethics Commission 00067628	on Filers)	
4	Date 11/21/2023	 Full name of contributor x out-of-state PAC (I CVS Health PAC Contributor address; City; State; Zip Code 	ID#: <u>C00384818</u>)	7	Amount of Contribution (\$)	\$1,000.00	
		Washington, DC 20004					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 10/06/2023	Full name of contributor out-of-state PAC (I Cavender, Rick (Mr.) Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$500.00	
	Deinsinal assu	San Antonio, TX 78257	Familia van (Cala Instructiona	<u></u>			
	Auto Dealer	pation / Job title (See Instructions)	Employer (See Instructions Cavender Auto Family	5)			
	Date 10/24/2023	Full name of contributor out-of-state PAC (In Christian, David (Mr.) Contributor address; City; State; Zip Code	ID#:)	•	Amount of Contribution (\$)	\$250.00	
		San Antonio, TX 78260					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	s)			
	Date 12/22/2023	Full name of contributor out-of-state PAC (I Congress Avenue Partners LLC Contributor address; City; State; Zip Code Austin, TX 78701	ID#:)	•	Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/27/2023	Full name of contributor out-of-state PAC (I Davidson Trolio Ream & Garza Contributor address; City; State; Zip Code San Antonio , TX 78216	ID#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS		SCHEDUI	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	forı	m.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/97	
2	FILER NAME Cortez, Philip	o (The Honorable)			3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 10/27/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_	B	San Antonio, TX 78230	1_	5 1 (0 1 1 1	<u></u>		
8	Principal occu Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions Pape Dawson Engineer			
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#:_ Deputy Sheriff's Association of Bexar County PA Contributor address; City; State; Zip Code	AC)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	San Antonio, TX 78217 pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> ;)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Diaz Jr., Reynaldo L (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78215 pation / Job title (See Instructions)	_	Employer (See Instructions	·/_		
	Reynaldo L I			Attorney	•)		
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#:_ Earl, David (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78256				Amount of Contribution (\$)	\$3,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Earl & Associates PC	<u> </u> 5)		
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner LLP Texas Campaign Fund Contributor address; City; State; Zip Code Dallas, TX 75201				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/97	
2	FILER NAME Cortez, Philip	o (The Honorable)			3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 10/27/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date 11/21/2023	Garcia, Joe)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Lobbyist	pation / Job title (See mandenons)		The Garcia Group	')		
	Date 10/16/2023	Full name of contributor	ate PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
		San Antonio, TX 78212	,				
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self Employed	5)		
	Date 10/27/2023	Guerra, Jr, Heriberto (Mr.))		Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Avanzar Interior Techno		ies	
	Date 07/21/2023	Guerrero, Debra)		Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions The NRP Group	i)		
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	5		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this fo	form		1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/97	
2	FILER NAME Cortez, Philip	p (The Honorable)				3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 09/08/2023	5 Full name of contributorGulf States Toyota Inc. P.6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$500.00
		Houston , TX 77077						
8	Principal occu	pation / Job title (See Instructions	5)	9 E	Employer (See Instructions)		
	Date 10/27/2023	Full name of contributor Hartman, Gordon Contributor address; City; S)		Amount of Contribution (\$)	\$1,500.00
	Dringing agg	San Antonio, TX 78216	<u>, , </u>	1 6	Employer (See Instructions	_		
	Real Estate	pation / Job title (See Instructions Developer	5)		Employer (See Instructions Gordon Hartman Enterp		es	
	Date 10/31/2023	Full name of contributor Heller, J David Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
		Boca Raton, FL 33432						
	Principal occu President &	pation / Job title (See Instructions CEO	s)		Employer (See Instructions The NRP Group)		
	Date 10/25/2023	Full name of contributor Herrera, Jorge (Mr.) Contributor address; City; S San Antonio, TX 78207					Amount of Contribution (\$)	\$1,500.00
	Principal occu attorney	pation / Job title (See Instructions	s)		Employer (See Instructions he herrera law firm)		
	Date 12/07/2023	Full name of contributor Hillco PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	E	Employer (See Instructions)		
				1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/97	
2	FILER NAME Cortez, Philip	p (The Honorable)			3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 10/27/2023	5 Full name of contributor [Hogan, Michael (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu President	San Antonio, TX 78213 pation / Job title (See Instructions)	5	Employer (See Instructions Homespring Residential		rvices	
	Date 12/28/2023	Full name of contributor [Houston Fire Fighters PAC Contributor address; City; Sta)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston , TX 77009 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/27/2023	Full name of contributor [Kamath, Suren Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 10/27/2023	Full name of contributor Kaufman, William T. (Mr.) Contributor address; City; Sta San Antonio, TX 78205	out-of-state PAC (ID#:	Self Employed		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Kaufman Killen	s)		
	Date 10/16/2023	Full name of contributor Killen Griffin & Farrimond F Contributor address; City; Sta San Antonio, TX 78216)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/97
2	FILER NAME Cortez, Phili	p (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
4	Date 10/12/2023	 Full name of contributor out-of-state PAC (ID: Lee, Gerald (Mr.) Contributor address; City; State; Zip Code 	#:)	7 Amount of Contribution (\$) \$250.00
		San Antonio, TX 78209		
8	Principal occu Consultant	pation / Job title (See Instructions)	9 Employer (See Instruction Andrade - Van de Putte	
	Date 07/08/2023	Full name of contributor out-of-state PAC (IDFL) Legacy 44 PAC Contributor address; City; State; Zip Code Austin , TX 78756	#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID# Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	Principal occu	San Antonio, TX 78760 pation / Job title (See Instructions)	Employer (See Instruction	ls)
	Date 12/27/2023	Full name of contributor	#: <u>C00225342</u>	Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	Is)
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID# Miller, William Contributor address; City; State; Zip Code Austin, TX 78703		Amount of Contribution (\$) \$1,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instruction HILLCO	is)

	MONET	ARY POLITICAL CONTRIBUTI	ION	S	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	s forn	n.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/97	
2	FILER NAME Cortez, Philip	o (The Honorable)			3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 10/16/2023	 Full name of contributor		_	7	Amount of Contribution (\$)	\$5,000.00
_	Duinning Langu	Universal City , TX 78148		Faralous (Cool trotuustions)			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions))		
	Date 10/27/2023	Full name of contributor				Amount of Contribution (\$)	\$2,000.00
		San Antonio, TX 78278					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID# Oncor Texas State Political Action Committee Contributor address; City; State; Zip Code	9			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75202-1234					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID# Ortiz McKnight PLLC Contributor address; City; State; Zip Code San Antonio, TX 78205				Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID# Poneck, Douglas (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78212	#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions) Escamilla & Poneck LLC			
			<u> </u>	2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.			

	MONET	ARY POLITICAL (CONTRIBUTIO)N	S 		SCHEDUI	_E A1
	The Instru	ction Guide explains hov	v to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/97	
2	FILER NAME Cortez, Phili	o (The Honorable)				3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 10/23/2023	5 Full name of contributor Reyes, Fernando (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78205						
8	Principal occu Manager	pation / Job title (See Instruction	5)		Employer (See Instructions Reyes Automotive	5)		
	Date 09/08/2023	Full name of contributor Rock Holdings Inc. State Contributor address; City; S		C00:	388827)		Amount of Contribution (\$)	\$750.00
	Principal occu	Lansing , MI 48933 pation / Job title (See Instruction:	5)		Employer (See Instructions	 ;)		
	Date 10/23/2023	Full name of contributor Rodriguez, Angel Contributor address; City; S San Antonio, TX 78212	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	<u>I</u> 5)		
	Date 12/29/2023	Full name of contributor Rodriguez, Marc Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Lobbyist	pation / Job title (See Instruction	s)		Employer (See Instructions Offices of Marc Rodrigue			
	Date 10/12/2023	Full name of contributor Rosas, Chris (Mr.) Contributor address; City; S San Antonio, TX 78240	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu CPA	pation / Job title (See Instruction	5)		Employer (See Instructions Bumble	s)		
				•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 10/13 Rpt: 13/97	
2	FILER NAME Cortez, Philip) (The Honorable)		3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 10/27/2023	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	San Antonio, TX 78228 pation / Job title (See Instructions)	Employer (See Instructions) (3)		
_	- Timoipai ooda	oduon, cos uno (cos mondono)	Employer (eee medacione	,, 		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 San Antonio Apartment Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	<u>()</u>		
				,		
	Date Full name of contributor out-of-state PAC (ID#:) 11/21/2023 San Antonio Fire & Police Pens Assn PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	Dringing! goog	San Antonio, TX 78216	Employer (See Instructions	·/		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#: San Antonio Police Officers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	San Antonio , TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions					
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#: San Antonio Professional Firefighters PAC Contributor address; City; State; Zip Code San Antonio, TX 78201			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/97	
2	FILER NAME Cortez, Philip	o (The Honorable)	3	Filer ID (Ethics Commissi 00067628	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Serna, Baltazar 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$350.00	
_	Delicalizado a	San Antonio, TX 78205			
8	Attorney	pation / Job title (See Instructions) 9	structions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 Southwest Airlines Co. Freedom Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Deinainal assu	Dallas , TX 75235 pation / Job title (See Instructions) Employer (See Ins			
	Principal occu				
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2023 TAPA PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau AgFund Contributor address; City; State; Zip Code Waco, TX 76702		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions) Employer (See Ins	tructions)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)		
		l			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 12/13 Rpt: 15/97	
2	FILER NAME Cortez, Philip	o (The Honorable)		3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 12/22/2023			7	Amount of Contribution (\$)	\$2,000.00
_	5	Lakeway, TX 78734				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/27/2023 Texas Strategy Group PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor X out-of-state PAC (ID#: C00085316) 12/22/2023 The Cigna Group Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Philadelphia, TX 19192 Principal occupation / Job title (See Instructions) Employer (See Instructions)			5)		
	Date Full name of contributor out-of-state PAC (ID#:) USAA Employee PAC Contributor address; City; State; Zip Code San Antonio, TX 78288			Amount of Contribution (\$)	\$6,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 13/13 Rpt: 16/97	
2	FILER NAME Cortez, Philip	o (The Honorable)		3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 10/27/2023			7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Washington, DC 20004	O Franklavar (Caa kastu atiana			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/09/2023 Valero PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		San Antonio, TX 78269				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date Full name of contributor			Amount of Contribution (\$)	\$250.00	
		Washington , DC 20005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/17/2023 Weiner, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu CEO	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions Shadow Dance Ranch	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2023 Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 17/97				
2 FILER NAME	:	3 Filer ID (Ethics Commission Filers)				
Cortez, Phil	ip (The Honorable)		00067628			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
12/06/2023	_ `		contribution (\$) description			
	7 Contributor address; City; State; Zip Code	\$187.50 Food for event				
			į į			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
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 contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution			
10/12/2023	Montford, John		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$1,513.35 Food and drink for event			
	Communication address, City, State, 21p Code		į			
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	<u> </u>			
Self employ	ed	JTM Consulting, L	LC,			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of ! In-kind contribution			
11/01/2023	TREPAC		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$250.00 Political Advertising			
	, , , , , , , , , , , , , , , , , , ,					
			į			
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 18/97 3 Filer ID (Ethics Commission Filers) FILER NAME Cortez, Philip (The Honorable) 00067628 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/06/2023 **TREPAC** \$250.00 | Event advertising 7 Contributor address; City; State; Zip Code Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/06/2023 **TREPAC** \$187.50 Food for event Contributor address; City; State; Zip Code Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 1/78 Rpt: 19/97	Cortez, Philip (The Honorable) 00067628	
4	Date	5 Payee name	
	07/17/2023	Marriott International, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,082.37	7750 Wisconsin Ave	
		Bethesda, MD 20814	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Transportation Equipment & Related X Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense	
		Conference lodging	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	09/27/2023	13th Floor	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,195.38	1203 E Commerce	
		San Antonio , TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ticket donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	08/24/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$115.85	7930 Callaghan Rd	
		San Antonio, TX 78229	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff Fuel	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 2/78 Rpt: 20/97	Cortez, Philip (The Honorable)		00067628	
4	Date	5 Payee name			
L	09/05/2023	7-Eleven			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$50.36	7930 Callaghan Rd			
		San Antonio, TX 78229			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Travel In District	(~)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE			Check if Austin, TX, officeholder living expense Staff Fuel	
				Stall Fuel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/O	1	•		
F	Date	Payee name			
	10/16/2023	7-Eleven			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$80.74	7930 Callaghan Rd			
		San Antonio, TX 78229			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Staff Fuel	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held	
_					
	Date 12/07/2023	Payee name 823 Congress Garage			
		<u> </u>	do		
	Amount (\$) \$37.89	Payee address; City; State; Zip Co 910 Brazos St	ue		
	40.100	020 2.0200 01			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense Event parking	
				Event parking	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/O	1			
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schodule F1:		_
_	Total pages Schedule F1: Sch: 3/78 Rpt: 21/97	Cortez, Philip (The Honorable) Cortez Philip (The Honorable)	
4	Date	5 Payee name	
	12/07/2023	823 Congress Garage	
6	Amount (\$) \$37.89	7 Payee address; City; State; Zip Code 823 Congress Austin, TX 78774	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living 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	
	07/12/2023	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.72	P.O. BOX 5006	
	DUDDOCE	Carol Stream , IL 60197	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Equipment fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/10/2023	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.72	P.O. BOX 5006	
		Carol Stream , IL 60197	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Equipment fees	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 4/78 Rpt: 22/97	Cortez, Philip (The Honorable)	00067628	
4 Date	5 Payee name	·	
08/28/2023	AT&T		
6 Amount (\$)	7 Payee address; City; State; Zip C	code	
\$149.06	P.O. BOX 5006		
	Carol Stream , IL 60197		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Equipment fees	
		_qa.p	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O			
Date	Payee name		
09/27/2023	AT&T		
Amount (\$)	Payee address; City; State; Zip C	code	
\$124.49	P.O. BOX 5006		
, —— ·····			
	Carol Stream , IL 60197		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Fees	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Equipment fees	
Operation ONLY if discont	Oradidate (Office helden name	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held	
			
Date	Payee name		
10/11/2023	AT&T		
Amount (\$)	Payee address; City; State; Zip C	code	
\$43.72	P.O. BOX 5006		
	Carol Stream , IL 60197	1	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Equipment fees	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O	Н		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to d	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 5/78 Rpt: 23/97	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		<u> </u>
	10/27/2023	AT&T		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$124.62	P.O. BOX 5006		
		Carol Stream , IL 60197		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Equipment fees
				Equipment lees
9	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
ľ	expenditure to benefit C/O		ugnt	Office field
⊨	Data	D		
	Date 11/13/2023	Payee name AT&T		
L				
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$60.54	P.O. BOX 5006		
		Carol Stream , IL 60197		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Equipment fees
				•
H	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	11/27/2023	AT&T		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$124.62	P.O. BOX 5006		
		Carol Stream , IL 60197		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Equipment Fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O		ugril	Office field
\vdash				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/78 Rpt: 24/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/12/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.54	P.O. BOX 5006
		Carol Stream , IL 60197
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Equipment fees
		Equipment lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	12/27/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$124.62	P.O. BOX 5006
		Carol Stream , IL 60197
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Equipment fees
		Equipment lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	09/11/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.72	P.O. BOX 5006
		Carol Stream , IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Equipment fees
_	Operation ONE V. C. F.	On didn't lot for a series of the series of
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 7/78 Rpt: 25/97	Cortez, Philip (The Honorable)		00067628	
4	Date	5 Payee name		1	
	08/07/2023	AT&T			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	\$107.25	P.O. BOX 5006			
		Carol Stream , IL 60197			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense Equipment fees	
l				Equipment rees	
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held	
	expenditure to benefit C/OI		9		
F	Date	Payee name			
	10/02/2023	Acadiana Cafe			
-	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$227.81	1289 SW Loop 410			
l	·	2200 200 200 200			
l		San Antonio, TX 78227			
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
l	OF	Food/Beverage Expense	``	Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	3 1		Check if Austin, TX, officeholder living expense	
l				Staff meeting	
┡	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
	expenditure to benefit C/OI		ugni	Office field	
⊨	Data	Davisa nama			
	Date 12/08/2023	Payee name Acadiana Cafe			
┝	Amount (\$)		odo		
l	\$108.18	Payee address; City; State; Zip C 1289 SW Loop 410	oue		
	Ψ100.10	1200 GW 100p 410			
		San Antonio, TX 78227			
┝	PURPOSE		(b)	Description	
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	1 oour beverage Expense		Check if Austin, TX, officeholder living expense	
l				Staff food	
L					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held	
		•			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	5)
	Sch: 8/78 Rpt: 26/97	Cortez, Philip (The Honorable) 00067628	
4	Date	5 Payee name	
	12/28/2023	Acadiana Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,899.10	1289 SW Loop 410	
		San Antonio, TX 78227	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		District 117 Holiday Party	
		Biodioc III Fromady Factor	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
⊨	Date	Payee name	
	12/15/2023	Allianze Events	
L			
	Amount (\$)	Payee address; City; State; Zip Code 7711 Guilbeau Rd	
	\$250.00	//II Guilbeau Rd	
		San Antonio , TX 78250	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		District 117 Holiday Party	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	o	
	Date	Payee name	
	10/26/2023	Amazon	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.26	440 Terry Avenue North	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Office supplies	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
dash			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee	Legal Services The Instruction Guid			s/Contract Labor ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	_
	Sch: 9/78 Rpt: 27/97	Cortez, Ph	ilip (The Honorable	e)				00067628		
4	Date	5 Payee name	9							
	10/30/2023	Amazon								
6	Amount (\$) \$202.51	7 Payee addre	ess; City; Avenue North	State; Zip C	ode					
		Seattle, W	A 98109							
8	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	ense		<u> </u>	TX,	de of Texas. Com officeholder livinç	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	e							_
	07/18/2023	American (GI Forum National	Veterans Outrea	ıch					
	Amount (\$)	Payee addro	ess; City;	State; Zip C	ode					_
	\$100.00	206 San F	Pedro Ave							
		San Anton	io, TX 78205							
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				_
	OF EXPENDITURE		s/Memorials Exper			=			plete Schedule T.	
						Fundraiser	IX,	officeholder living	g expense	
						Tundidisci				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	9							_
	11/09/2023	Apple								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$155.83	1 Infinite L	оор							
		Cupertino,	CA 95014							
	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees							plete Schedule T.	
						Equipment fee		officeholder living	g expense	
						_qaipinoni 100	55			
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office he	eld	
\vdash										_
l										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributors/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 10/78 Rpt: 28/97	Cortez, Philip (The Honorable) 00067628	
4	Date	5 Payee name	_
	08/08/2023	Best Buy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$129.87	6001 Northwest Loop 410	
		San Antonio, TX 78238	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Campaign equipment	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	12/29/2023	Best Buy	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$194.84	6001 Northwest Loop 410	
		San Antonio, TX 78238	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Membership	
		····o····s	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	09/20/2023	Best Buy	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$266.22	6001 Northwest Loop 410	
		San Antonio, TX 78238	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Office supplies	
		Cinido dappinos	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 11/78 Rpt: 29/97	Cortez, Philip (The Honorable) 00067628					
4	Date	5 Payee name					
	10/18/2023	Best Buy					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$60.60	6001 Northwest Loop 410					
		San Antonio, TX 78238					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Office supplies					
		Coc cappines					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
_	Data						
	Date	Payee name					
	10/19/2023	Best Buy					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$313.92	6001 Northwest Loop 410					
		San Antonio, TX 78238					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense					
		Office supplies					
	Commission ONLL V if disposit	Constitute / Office helder no year					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/19/2023	Best Buy					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$32.46	6001 Northwest Loop 410					
		San Antonio, TX 78238					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Office supplies					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experientare to benefit 6/01	<u>'</u>					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/78 Rpt: 30/97	Cortez, Philip (The Honorable) 00067628
4	Date 11/22/2023	5 Payee name Bexar County Democratic Party
_		7 Payee address; City; State; Zip Code
6	Amount (\$) \$750.00	1844 Fredericksburg Rd
	4.00.00	
		San Antonio, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Filing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Or	
	Date	Payee name
	08/14/2023	Bill Miller
	Amount (\$)	Payee address; City; State; Zip Code
	\$351.39	8888 SW Loop 410
		San Antonio, TX 78242
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/11/2023	Bill Miller
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.63	8888 SW Loop 410
		San Antonio, TX 78242
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/78 Rpt: 31/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/13/2023	Bohanan's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$473.15	219 E Houston Street
		San Antonio , TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff food
		Star 1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/26/2023	Brothers Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.54	11505 Oak Knoll Dr
		Austin , TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense
		Event parking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/18/2023	Buc-ees
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.90	2760 I-35
		New Braunfels, TX 78130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		ruei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/78 Rpt: 32/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/26/2023	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$221.91	1400 Congress Ave
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Constituent gifts
		Constituent girts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dougo nomo
	10/26/2023	Payee name
		Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$319.34	1400 Congress Ave
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituent gifts
		Sonsatuent gine
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/18/2023	Payee name Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$324.75	1400 Congress Ave
		Austin , TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent gifts
		Sonoataon, gino
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 15/78 Rpt: 33/97	Cortez, Philip (The Honorable) 00067628						
4	Date	5 Payee name						
	11/01/2023	Capitol Grill						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$30.44	PO Box 2910						
		Austin, TX 78768						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Staff food						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	09/29/2023	Central Catholic HS						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$150.00	1403 N St Mary's St						
		San Antonio, TX 78215						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense						
		Check if Austin, TX, officeholder living expense Donation						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	10/23/2023	Chevron						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$80.63	1900 N. St. Mary's St.						
		San Antonio, TX 78212						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Staff Fuel						
		Stan Luci						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/78 Rpt: 34/97	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		
	11/13/2023	Chevron		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$59.18	1900 N. St. Mary's St.		
		San Antonio, TX 78212		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Staff Fuel
_	Commists ONII V if direct	Condidate/Officeholder regre		Office hold
y	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ynt	t Office held
			_	
	Date	Payee name		
	09/15/2023	Chris Madrid		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$53.67	1900 Blanco Rd.		
		San Antonio, TX 78212		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Staff food
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	4		
	Date	Payee name	_	
	08/09/2023	Circle K		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$38.95	7715 S Zarzamora		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		San Antonio , TX 78224		
	PURPOSE		(h)) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District		Check if Austin, TX, officeholder living expense
				Staff Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	4		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/78 Rpt: 35/97	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	•
	08/14/2023	Circle K	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	7715 S Zarzamora	
		San Antonio , TX 78224	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Traver in Bistrict	avel outside of Texas. Complete Schedule T.
		Staff Fuel	ustin, TX, officeholder living expense
		Starr del	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		000
_	Date	Payee name	
	10/30/2023	Circle K	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.75	7715 S Zarzamora	
	401.110	TTIO G Zarzamora	
		San Antonio , TX 78224	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if tr	l avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel in District	ustin, TX, officeholder living expense
		Staff Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/15/2023	Circle K	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.50	7715 S Zarzamora	
		San Antonio , TX 78224	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Travel In District	avel outside of Texas. Complete Schedule T.
		☐ Check if A Staff Fuel	ustin, TX, officeholder living expense
		Sidii Fuei	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	≣				3	Filer ID	(Ethics Commission Filers)
	Sch: 18/78 Rpt: 36/97	Cortez, Phi	lip (The Honorable)					00067628	
4	Date	5 Payee name							
	12/21/2023	Circle K							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$47.12	7715 S Zar	zamora						
		San Antoni	o , TX 78224						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In D	istrict			_			plete Schedule T.
						Staff Fuel	, IX,	officeholder living	g expense
						Stall Fuel			
_	Complete ONU V if alice	Canali-1-4-12"	in a la l	O#:				Office	ماما
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office so	ugnt			Office h	eia
	Date	Payee name							
	07/28/2023	City of Aus	tin Utilites						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$100.77	PO Box 22	67						
		Austin, TX	78783						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				=			nplete Schedule T.
						ш	, TX,	officeholder living	g expense
						Utlities			
					<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office h	eld
	Date	Payee name					_		
	10/24/2023	City of Aus	tin Utilites						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$85.88	PO Box 22							
		Austin, TX	78783						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees							plete Schedule T.
	LAFENDITORE					_	, TX,	officeholder living	g expense
						Utilities			
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
L	expenditure to benefit C/O	п 							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/78 Rpt: 37/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	11/28/2023	City of Austin Utilites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.30	PO Box 2267
		Austin, TX 78783
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/28/2023	City of Austin Utilites
_	Amount (\$)	Payee address; City; State; Zip Code
	\$31.22	PO Box 2267
	401.22	1 0 DOX 2201
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/28/2023	City of Austin Utilites
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.70	PO Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Utilities
		Gundes
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)	
	Sch: 20/78 Rpt: 38/97	Cortez, Philip (The Honorable)		00067628		
4	Date	5 Payee name		<u> </u>		
	09/26/2023	City of Austin Utilites				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$113.75	PO Box 2267				
		Austin, TX 78783				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Utilities		
				Ounties		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held		
9	expenditure to benefit C/OI		grit	Office field		
	Data					
	Date 08/31/2023	Payee name Comerica Bank				
			-1-			
	Amount (\$)	Payee address; City; State; Zip Co	ae			
	\$5.00	100 N. Santa Rosa				
		Car Artaria TV 70007				
		San Antonio, TX 78207				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
				Bank fee		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held		
	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/26/2023	Cortez, Philip				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$782.08	7919 liberty island				
		San Antonio, TX 78227				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Travel Out of District	` ´	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE			X Check if Austin, TX, officeholder living expense		
				Meals, fuel, Austin lodging		
			<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/78 Rpt: 39/97	Cortez, Philip (The Honorable) 00067628
4 Date	5 Payee name
10/20/2023	Cortez, Philip
6 Amount (\$) \$1,896.25	7 Payee address; City; State; Zip Code 7919 liberty island San Antonio, TX 78227
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals, parking, Austin lodging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/01/2023	Cortez, Philip
Amount (\$) \$811.86	Payee address; City; State; Zip Code 7919 liberty island
	San Antonio, TX 78227
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Austin apartment maint.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/14/2023	Cox, Jonathan
Amount (\$) \$300.00	Payee address; City; State; Zip Code 9854 Chevalier Forest
	San Antonio, TX 78221
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District 117 Christmas Party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/78 Rpt: 40/97	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		-
	12/04/2023	Coyote Express		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$66.90	8719 Wurzbach Rd		
		San Antonio, TX 78240		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		ugnı	Office field
	Data			
	Date	Payee name		
	07/03/2023	Cwsapartments		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1,847.92	9606 N Mopac Expy		
		Austin, TX 78759		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
				Session Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/02/2023	Cwsapartments		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1,850.57	9606 N Mopac Expy		
		Austin, TX 78759		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	``	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			X Check if Austin, TX, officeholder living expense
				Session Lodging
	0 1, 0, 0, 0, 0		<u> </u>	255
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 23/78 Rpt: 41/97	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	
	11/02/2023	Cwsapartments	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,893.67	9606 N Морас Ехру	
		Austin, TX 78759	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Session Lodging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/04/2023	Cwsapartments	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,071.16	9606 N Mopac Expy	
	·	,	
		Austin, TX 78759	
-	PURPOSE		Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Session Lodging
	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		05.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	09/05/2023	Cwsapartments	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,846.35	9606 N Морас Ехру	
		Austin, TX 78759	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
			Session Lodging
			-
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/78 Rpt: 42/97	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		'
	10/02/2023	Cwsapartments		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1,837.00	9606 N Mopac Expy		
		Austin, TX 78759		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Session Lodging
_	Complete ONLY if direct	Candidate/Officeholder name Office souc	aht	Office held
9	expenditure to benefit C/OI		JIIL	Office field
_	Data			
	Date 08/03/2023	Payee name Don Pedro Restaurant		
	Amount (\$)	Payee address; City; State; Zip Coo	ae	
	\$163.04	1526 Southwest Military Drive		
		0 - A TV 70004		
		San Antonio, TX 78221		
	PURPOSE OF	6) (g	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/31/2023	Don Pedro Restaurant		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$61.72	1526 Southwest Military Drive		
		San Antonio, TX 78221		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Staff meeting
				Stan meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		9116	Since field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1: Sch: 25/78 Rpt: 43/97	2 FILER NAME Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
4	Date 09/14/2023	5 Payee name Don Pedro Restaurant		•
6	Amount (\$) \$100.04	7 Payee address; City; State; Zip Coo 1526 Southwest Military Drive San Antonio, TX 78221	de	
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 Staff food
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date 10/03/2023	Payee name Exxon		
	Amount (\$) \$67.49	Payee address; City; State; Zip Cod 2102 SW Military Dr. San Antonio, TX 78224	de	
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 12/12/2023	Payee name Exxon		
	Amount (\$) \$101.60	Payee address; City; State; Zip Coo 214 MELODIE DRIVE	de	
		San Antonio, TX 76691		
	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. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/78 Rpt: 44/97	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		·
	11/15/2023	GoFundMe		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$105.00	P.O. Box 1329 Redwood City, C		
		Redwood City, TX 94063		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Oonation
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	07/03/2023	Google		
Г	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$12.79	1600 Amphitheatre		
		Parkway Mountain View , CA 94043		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Ē	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Campaign contact information
				sampaign contact information
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	08/02/2023	Google		
Г	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$12.79	1600 Amphitheatre		
		Parkway Mountain View , CA 94043		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Ī	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense S-suite account
				S Saits docount
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
ı				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		imittee Le	ft/Awards/Memorials gal Services he Instruction G	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
-	Total pages Cabadula 54:	٠ .					,,	1	2	Filor ID	(Ethios Commissis:	Filors\
1	Total pages Schedule F1: Sch: 27/78 Rpt: 45/97	l		(The Honoral	ole)				3	Filer ID 00067628	(Ethics Commission	riiers)
4	Date	5	Payee name									
	09/05/2023	l	Google									
6	Amount (\$)	7	Payee address	City;	State:	Zip Coo	de					
ľ	\$12.79	l	1600 Amphith	•	Otato,	ip	a c					
	412.110		2000 / Wilpina	outi o								
		Ι,	Darbway Mou	ntain View , C	V 04043							
_	DUDDOOF	├	-				/I- \					
8	PURPOSE OF			Categories listed at t		edule)	(a)	Description	outei	de of Texas. Com	nloto Schodulo T	
	EXPENDITURE	'	Office Overne	ad/Rental Ex	pense			=		officeholder living		
								G-suite accou				
9	Complete ONLY if direct	C	andidate/Office	holder name	C	I Office soug	ght			Office he	eld	
	expenditure to benefit C/O	Н				·						
H	Date		Payee name									
	10/02/2023	l	Google									
	Amount (\$)		Payee address	City;	State:	Zip Cod	de					
	\$12.79	l	1600 Amphith	-	•	•						
	,==											
		ı	Parkway Mou	ntain View , C	A 94043							
	PURPOSE OF			Categories listed at t		edule)	(b)	Description				
	EXPENDITURE	(Office Overhe	ad/Rental Ex	pense			=		de of Texas. Com officeholder living		
								G-suite accou		onicendider living	i experise	
\vdash	Complete ONLY if direct	C	andidate/Office	holder name	C	Office soug	ght			Office he	eld	
	expenditure to benefit C/O	Н				•	•					
H	Date		Payee name									
	10/05/2023	l	Google									
	Amount (\$)	_	Payee address	City;	State:	Zip Cod	de					
	\$2.12	l	1600 Amphith		Jiaie,	2.p C00	uc					
	Ψ2.12	'	2000 / Wilpillu									
			Parkway Mou	ntain View , C	A 94043							
	PURPOSE	(a) (Category (See	Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	(Office Overhe	ad/Rental Ex	pense			므		de of Texas. Com		
										officeholder living	expense	
								G-suite accou	ıııl			
	Complete ONLY if direct		andidate/Office	holder name		Office soug	thr			Office he		
	expenditure to benefit C/Ol		andidate/Onice	noluci name		riioe auul	yı IL			Onice He	Ju .	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/78 Rpt: 46/97 Cortez, Philip (The Honorable) 00067628 4 Date Payee name 11/02/2023 Google 6 Amount (\$) Payee address; State; Zip Code \$12.79 1600 Amphitheatre Parkway Mountain View, CA 94043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-suite account Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2023 Google Amount (\$) Payee address; City; State; Zip Code \$2.12 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2023 Google Payee address; Amount (\$) City: State; Zip Code \$15.14 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Youtube fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/78 Rpt: 47/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/04/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre
		·
		Parkway Mountain View , CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		G-suite account
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	1600 Amphitheatre
		Parkway Mountain View , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		Google storage
	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	1600 Amphitheatre
		Parkway Mountain View , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Youtube
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/78 Rpt: 48/97	Cortez, Philip (The Honorable)	00067628
4 Date	5 Payee name	<u>'</u>
07/10/2023	HEB Gas	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$126.88	6818 S Zarzamora	
	San Antonio, TX 78224	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Expense	Check if Austin, TX, officeholder living expense Staff fuel
		Stan luer
Complete ONLY if direct	Candidata/Officabaldar nama Offica say	lght Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	agrit Office field
<u> </u>		
Date	Payee name	
07/18/2023	HEB Gas	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$59.84	6818 S Zarzamora	
	San Antonio, TX 78224	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff fuel
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght Office held
expenditure to benefit C/O	-1	
Date	Payee name	
07/26/2023	HEB Gas	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$53.61	6818 S Zarzamora	
	San Antonio, TX 78224	
PURPOSE	•	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel in Biodict	Check if Austin, TX, officeholder living expense
		Staff Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held
experiorare to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 31/78 Rpt: 49/97	Cortez, Philip (The Honorable)	00067628
4		5 Payee name	
L	08/15/2023	HEB Gas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$38.17	6818 S Zarzamora	
l			
		San Antonio, TX 78224	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Staff Fuel
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	1	
H	Date	Payee name	
l	09/21/2023	HEB Gas	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$118.77	6818 S Zarzamora	
l	¥220	00_0 0	
l		San Antonio, TX 78224	
┝	PURPOSE		Paradiation.
l	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Traver in District	Check if Austin, TX, officeholder living expense
l			Staff Fuel
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialture to benefit C/OI	'	
	Date	Payee name	
	09/29/2023	HEB Gas	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$35.57	6818 S Zarzamora	
l			
l		San Antonio, TX 78224	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense Fuel
			i uci
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/78 Rpt: 50/97	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	
	11/03/2023	HEB Gas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>
	\$85.95	6818 S Zarzamora	
		San Antonio, TX 78224	
8	PURPOSE		D) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
	experiantare to benefit Grot	'	
	Date	Payee name	
	11/16/2023	HEB Gas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.76	6818 S Zarzamora	
		San Antonio, TX 78224	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Fuel
			i uci
-	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OI	9	onice neta
-	Date	Device were	
	11/20/2023	Payee name HEB Gas	
	Amount (\$) \$73.73	Payee address; City; State; Zip Code 6818 S Zarzamora	
	Φ13.13	0010 3 Zaizaiil0ia	
		Con Antonio TV 70204	
		San Antonio, TX 78224	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/78 Rpt: 51/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/10/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.24	6818 S Zarzamora
		San Antonio, TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/05/2023	HEB
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$60.81	6818 S Zarzamora
		San Antonio, TX 78224
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H .
	Date	Payee name
	09/13/2023	HEB
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$70.44	6818 S Zarzamora
		San Antonio, TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		Fuci
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 34/78 Rpt: 52/97	Cortez, Philip (The Honorable) 00067628			
4	Date	5 Payee name			
	10/26/2023	Hispanic Chamber of Commerce			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$350.00	3006 General Hudnell Dr Acc Rd			
		San Antonio, TX 78226			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Membership			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
-	Date	Payee name			
	07/05/2023	Host Gator			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.80	5005 Mitchelldale, Suite #100			
		Houston, TX 77092			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Campaign website			
		Campaigh website			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	07/26/2023	Host Gator			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.99	5005 Mitchelldale, Suite #100			
		Houston, TX 77092			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	-	Check if Austin, TX, officeholder living expense Campaign website			
		Campaign website			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling Ex e Printing Ex	pense xpens			Travel in District Travel Out of Dis	
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 35/78 Rpt: 53/97	Cortez, Phi	ilip (The Honorable)					00067628	
4	Date	5 Payee name	<u> </u>				<u> </u>		
	08/07/2023	Host Gator							
6	Amount (\$)	7 Payee addre	•	State; Zip Co	de				
	\$13.80	5005 Mitch	elldale, Suite #100						
		Houston, T	X 77092						
8	PURPOSE	(a) Category (a			(h)	Description			
ľ	OF		See Categories listed at the top or rhead/Rental Expense		(2)	_ `	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Over	meau/Nemai Expense	•		=		officeholder living	
						Campaign we	ebs	ite	
9	Complete ONLY if direct	L Candidate/Ωft	ficeholder name	Office sou	aht			Office he	-ių
	expenditure to benefit C/O		noonolaar name	O00 000	9			Omoo m	3.0
	Date	Payee name							
	09/05/2023	Host Gator							
	Amount (\$)	Payee addre	ess; City;	State: Zip Co	de				
	\$23.45	_	-	State, Zip Co	uc				
	Φ23.43	5005 WILLI	elldale, Suite #100						
		Houston, T	X 77092						
	PURPOSE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE		·			_		officeholder living	g expense
						Campaign we	ebs	ite	
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	-1							
	Date	Payee name	1						
	10/05/2023	Host Gator							
	Amount (\$)	Payee addre	•	State; Zip Co	de				
	\$23.45	5005 Mitch	elldale, Suite #100						
		Houston, T	X 77092						
	PURPOSE		See Categories listed at the top o	f thin cohort: !-\	(h)	Description			
	OF		rhead/Rental Expense		(2)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Over	meau/Nemai Expense					officeholder living	
						Campaign W			
_	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office sou	aht			Office he	=lq
	expenditure to benefit C/O			O50 500	gt			Cinoc III	= · = :
_									
	me provided by Toyas E	thice Commics	ion www.o	thice state ty u					Version V2 5 1 Obfofb67

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FI	LER NAME			3		Filer ID	(Ethics Commis	ssion Filers)
	Sch: 36/78 Rpt: 54/97	C	ortez, Philip (The Honorable)	ı			(00067628		
4	Date	5 Pá	ayee name			<u> </u>				
	11/06/2023	Н	ost Gator							
6	Amount (\$)	7 Pá	ayee address; City;	State; Zip Co	ode					
	\$23.45	50	005 Mitchelldale, Suite #100							
		Н	ouston, TX 77092							
8	PURPOSE	(a) Ca	ategory (See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE		ffice Overhead/Rental Exper			Check if travel outs				
	LXI LINDITORE					Check if Austin, TX			expense	
						Campaign webs	SII	le		
_	Complete ONLY if direct	Car	ndidate/Officeholder name	Office cou	laht.			Office he	ld	
9	expenditure to benefit C/O		ididate/Officeriolder flame	Office sou	igrit			Office fie	iu	
	5.	ī								
	Date	l	ayee name							
	12/06/2023		ost Gator							
	Amount (\$)		ayee address; City;	State; Zip Co	ode					
	\$21.99	50	005 Mitchelldale, Suite #100							
		H	ouston, TX 77092							
	PURPOSE OF	(a) Ca	ategory (See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	0	ffice Overhead/Rental Expen	ise		Check if travel outs Check if Austin, TX				
						Campaign webs			схрепас	
						μ3				
	Complete ONLY if direct	<u>I</u> Car	ndidate/Officeholder name	Office sou	<u>l</u> ight			Office he	ld	
	expenditure to benefit C/O	Н								
	Date	Pź	ayee name							
	12/26/2023	l	ung Fong							
	Amount (\$)		ayee address; City;	State; Zip Co	nde					
	\$58.65	I	624 Broadway St	Otato, 2.p 00	Juo					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		_{S:}	an Antonio, TX 78209							
	PURPOSE				(h)	Description				
	OF		ategory (See Categories listed at the to Dod/Beverage Expense	p of this schedule)	(0)	Description Check if travel outs	sid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE		bou/beverage Expense			Check if Austin, TX				
						Staff food				
_										
	Complete ONLY if direct		ndidate/Officeholder name	Office sou	ight			Office he	ld	
	expenditure to benefit C/Ol	п								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 37/78 Rpt: 55/97	Cortez, Philip (The Honorable)
4	Date	5 Payee name
	10/19/2023	J. Alexander's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.99	255 East Basse Rd.
		Suite 300
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense Staff food
		Stall 1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Davida nama
	11/15/2023	Payee name JVC Media, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$649.50	9335 Lamerton
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Constituent give aways
		Constituent give aways
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	11/15/2023	JVC Media, LLC
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$129.49	9335 Lamerton
		
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship boards
		Sponsoronip social
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/78 Rpt: 56/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/18/2023	JVC Media, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$925.55	9335 Lamerton
		San Antonio, TX 78250
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/18/2023	JVC Media, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$468.72	9335 Lamerton
		San Antonio, TX 78250
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office uniforms
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/27/2023	JW Marrior
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.87	110 E 2nd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event parking
		Livent parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/78 Rpt: 57/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	09/26/2023	JW Marriott
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.47	10 E 2nd St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Conference
		Somorones
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/14/2023	Jaramillo, Leo
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	330 West Baetz
		San Antonio, TX 78221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BTS fair help
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/16/2023	LAZ Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	101 W. 6th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	-	Expense Check if Austin, TX, officeholder living expense Event parking
		Lvent paining
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
1 Total pages Schedule F1: Sch: 40/78 Rpt: 58/97	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628
4 Date	5 Payee name
09/11/2023	La Cantera
6 Amount (\$) \$13.00	7 Payee address; City; State; Zip Code 16641 La Cantera Pkwy San Antonio, TX 78256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/31/2023	Lackland Mart
Amount (\$)	Payee address; City; State; Zip Code
\$31.28	421 Valley High Dr
	San Antonio, TX 78227
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 Staff fuel
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	Little Guys Moves
Amount (\$) \$1,834.30	Payee address; City; State; Zip Code 2363 E State HWY 71 Service Rd
	Austin, TX 78617
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging move out
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/78 Rpt: 59/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/26/2023	Longhorn Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.90	7833 IH 35 S
		San Antonio, TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff food
		Star root
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	11/24/2023	Love's travel stop
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$77.28	2645 South Hwy 37
	Ψ11.20	2043 30ddi 11Wy 31
		Three Rivers , TX 78071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/24/2023	MailChimp
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	512 Means Street
	400.20	
		Atlanta, GA 30318
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense E-blast
		L blast
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 42/78 Rpt: 60/97	Cortez, Philip (The Honorable) 00067628			
4	Date	5 Payee name			
	08/22/2023	MailChimp			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$85.28	512 Means Street			
		Atlanta, GA 30318			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense E-blast			
		L blust			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
<u> </u>	<u> </u>				
	Date	Payee name			
	09/22/2023	MailChimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$85.28	512 Means Street			
		Atlanta, GA 30318			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Campaign website			
		Sampaigh Website			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Data				
	Date	Payee name MeilChimp			
	10/23/2023	MailChimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$85.28	512 Means Street			
		Atlanta, GA 30318			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense			
		E-blast			
_	Operation ONE VIII II	Open Higher (Office health are nown)			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/78 Rpt: 61/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	11/22/2023	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.28	512 Means Street
		Atlanta, GA 30318
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense E-blast
		L-blast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	12/22/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	512 Means Street
		Atlanta, GA 30318
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense E-blast
		L-blast
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Davis same
	Date 10/02/2023	Payee name Mariachi Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.66	218 Produce Row
		San Antonio , TX 78207
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff food
		Stall 1000
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/78 Rpt: 62/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/13/2023	Mariachi Zacatecano
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	8622 S South Zarzamora Street
		San Antonio , TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District 117 Christmas Party
		District III Simistinas i arty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/21/2023	Mi Tierra Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.04	218 Produce Row
	¥===.0 .	
		San Antonio, TX 78207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meeting
	Operation ONLY if direct	Open finds to 10 ff as hadden as a second to the second to
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	12/14/2023	Mon Chou Chou
	Amount (\$)	Payee address; City; State; Zip Code
	\$346.86	312 Pearl Pkwy
		San Antonio, TX 78215
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxos, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 45/78 Rpt: 63/97	Cortez, Philip (The Honorable) 00067628
4		5 Payee name
Ļ	11/01/2023	North San Antonio Hills Lions Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	11411 Blazing Sunset
		San Antonio, TX 78253
8	PURPOSE	
ľ	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Plate Sale
Ļ	Operation ONLY if dispose	Out in the IOF and the Ior and Ior and the Ior and
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Date	Davida marra
	11/13/2023	Payee name Olive Garden
L	Amount (\$)	Payee address; City; State; Zip Code
	\$117.23	7811 IH 35 S
	411.120	1321111000
		San Antonio, TX 78224
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff food
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
F	Date	Payee name
	10/13/2023	PMC Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.86	221 E Pecan St
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Event parking
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to o	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 46/78 Rpt: 64/97		Cortez, Philip (The Honorable)		00067628
4	Date	5	Payee name		-
	10/13/2023		PMC Parking		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$17.86		221 E Pecan St		
			San Antonio, TX 78205		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Expense		Check if Austin, TX, officeholder living expense
					Parking fee
_	Operation ONE V if dispert		Our did at a 100% and a latent areas		Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ougnt	t Office held
		_			
	Date		Payee name		
	09/25/2023	L	Pappasito's		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$151.33		6513 N Interstate Hwy 35 N		
			Austin , TX 78752		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Staff meeting
					Clair meeting
	Complete ONLY if direct	_	Candidate/Officeholder name Office so	<u>l</u> uaht	t Office held
	expenditure to benefit C/O			9	
	Date	Г	Payee name		
	11/17/2023		Pappasito's		
		H	Payee address; City; State; Zip C	`odo	
	Amount (\$) \$173.27		10501 I-10	oue	
	Ψ173.21		10301 1-10		
			Aughin TV 70200		
			Austin , TX 78230	-	
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
					Staff food
_	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
_					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 47/78 Rpt: 65/97	Cortez, Philip (The Honorable)	00067628			
4 Date	5 Payee name	·			
12/07/2023	Pf Chang's Austin				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$371.60	201 San Jacinto Blvd				
	Austin, TX 78701				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Staff food			
		Stail lood			
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held			
expenditure to benefit C/O		5			
Date	Payee name				
12/31/2023	Piryx				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$649.30	995 Market Street				
, , , , , , , , , , , , , , , , , , , ,					
	San Francisco, CA 94103				
PURPOSE		(b) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Online donation fees			
0 1: 01:14					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held			
	T				
Date	Payee name				
08/28/2023	Plaza Jalisco				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$29.32	310 Valley Hi Dr				
	Ste 10				
	San Antonio, TX 78227				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Staff Meeting			
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held			
expenditure to benefit C/O	expenditure to benefit C/OH				
experiditure to belieff C/O					
experialitie to benefit C/O					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	a category not listed above)
1 Total pag	es Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
Sch: 48/	78 Rpt: 66/97	Cortez, Ph	lip (The Honorable))				00067628	
4 Date		5 Payee name	•						
08/30/20)23	Pluckers							
6 Amount (S	\$) \$58.57		ess; City; Dermott Freeway, I- o, TX 78249	State; Zip C 10	ode				
8 PURP			See Categories listed at the to	op of this schedule)	(b)	Description			
O EXPENI		Food/Beve	rage Expense				ı, TX,	de of Texas. Com officeholder living	plete Schedule T. g expense
	ONLY if direct re to benefit C/O		iceholder name	Office so	ught			Office h	eld
Date		Payee name	:						
12/12/20)23	Prestige Pr	inting						
Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$856.26	8 Burwood	Lane						
		#3							
		San Antoni	o, TX 78216						
PURF O EXPENI	F		see Categories listed at the to rhead/Rental Exper		(b)	=	ı, TX,	de of Texas. Com officeholder living	nplete Schedule T. g expense
	ONLY if direct ure to benefit C/O		iceholder name	Office so	ught			Office he	eld
Date		Payee name	<u> </u>						
09/19/20	23	RJ Publica							
Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$100.00	PO Box 16	92						
		Helotes, T	< 78023						
PURF O EXPENI	F	(a) Category (s Printing Ex	See Categories listed at the topense	op of this schedule)	(b)	_		de of Texas. Com officeholder living	nplete Schedule T. g expense
	ONLY if direct are to benefit C/O		ïceholder name	Office so	ught			Office he	eld

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this fo

EXPENDITURE CATEGORIES FOR BOX 8(a)

		The instruction Guide explains now to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/78 Rpt: 67/97	Cortez, Philip (The Honorable) 00067628
4		5 Payee name
	09/21/2023	RJ Publications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	PO Box 1692
		Helotes, TX 78023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Football ad
		, october da
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/16/2023	RJ Publications
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	PO Box 1692
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Helotes, TX 78023
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		UIL ad
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to some ever	
	Date	Payee name
	12/05/2023	Red Lobster
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.85	1381 SW Loop 410
		San Antonio, TX 78227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	Food/Beverage Expense
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	Food/Beverage Expense
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff food
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff food Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff food Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff food Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 50/78 Rpt: 68/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/14/2023	Reinhard, Hannah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	227 DWYER AVE
		275
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Bonus
_	Operation ONLY if direct	Our distance (Office health as marries and office a small to
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	11/20/2023	Reinhard, Hannah
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,600.00	227 DWYER AVE
		275
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Reimbursement
		Keinbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davida nama
	12/18/2023	Payee name Reinhard, Hannah
	Amount (\$) \$3,742.81	Payee address; City; State; Zip Code 227 DWYER AVE
	Φ3,742.01	
		275
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	, , , , , , , , , , , , , , , , , , ,	+
Ĺ	Sch: 51/78 Rpt: 69/97	Cortez, Philip (The Honorable)	
4	Date	5 Payee name	
	08/25/2023	Reinhard, Hannah	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$500.00	227 DWYER AVE	
		275	
		San Antonio, TX 78204	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Reimbursement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	09/26/2023	Reinhard, Hannah	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	227 DWYER AVE	
		275	
		San Antonio, TX 78204	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Reimbursement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	<u> </u>	
	Date	Payee name	
	08/31/2023	Rodriguez, Clarissa (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.85	7562 Tantara Ct.	
		San Antonio, TX 78249	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Reimbursement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	+
	expenditure to benefit C/O		
			_
			ļ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/78 Rpt: 70/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/24/2023	Rodriguez, Clarissa (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	7562 Tantara Ct.
		San Antonio, TX 78249
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement
9	Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	11/07/2023	Rodriguez, Clarissa (Mrs.)
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$458.46	7562 Tantara Ct.
	¥ 1001 10	
		San Antonio, TX 78249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement
		Troiling at South Control of the Con
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/6	
	Date	Payee name
	11/15/2023	Rodriguez, Clarissa (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$174.03	7562 Tantara Ct.
		San Antonio, TX 78249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement
		Neimbursement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/78 Rpt: 71/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/18/2023	Rodriguez, Clarissa (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	7562 Tantara Ct.
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Bonus
		Bollus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payso nama
	09/07/2023	Payee name Rodriguez, Clarissa (Mrs.)
	Amount (\$) \$215.49	Payee address; City; State; Zip Code 7562 Tantara Ct.
	Ψ213.49	7302 Tantala Ct.
		Can Antonia TV 70240
		San Antonio, TX 78249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/12/2023	Rodriguez, Clarissa (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	7562 Tantara Ct.
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement
		Reinibulsement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Bev
Contributions/ Onations Made By - Gift/Award
Contributions/ Officeholder/ Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/78 Rpt: 72/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	08/04/2023	Rodriguez, Clarissa (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$562.86	7562 Tantara Ct.
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement
		Reimbulsement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	2
	Date	Payee name
	07/18/2023	Rodriguez, Clarissa (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7562 Tantara Ct.
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement
		Reimbulsement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Pageriola Mayigan Cofe
	09/29/2023	Rosario's Mexican Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.85	910 S. Alamo
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meeting
		Stan meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/78 Rpt: 73/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	09/11/2023	Rosario's Mexican Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.59	910 S. Alamo
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff food
		Gian roou
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/31/2023	Sam's Club
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$302.45	3150 SW Military Dr
	7552.15	
		San Antonio, TX 78224
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	11/01/2023	Sam's Club
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$41.02	3150 SW Military Dr
		San Antonio, TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide e	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 56/78 Rpt: 74/97	Cortez, Ph	ilip (The Honorable)					00067628		
4	Date	5 Payee name	е							
	11/01/2023	Sam's Clul	b							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$48.83	3150 SW I	Military Dr							
		San Anton	io, TX 78224							
8	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expens	е		=		ide of Texas. Com , officeholder living	plete Schedule T.	
						Office supplie		, omeendaer nving	у схренос	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	<u>I</u> ught			Office he	eld	
_	Date	Dayloo name								
	12/11/2023	Payee name Sam's Clul								
				State: Zin Co	odo					
	Amount (\$) \$155.00	Payee addro 3150 SW N	•	State; Zip Co	oue					
	φ100.00	3130 344 1	villitary Di							
		San Anton	io, TX 78224							
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=			plete Schedule T.	
						Membership	, 17,	, officeholder living) expense	
						Momboromp				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H 								
	Date	Payee name	е							
	08/30/2023	San Anton	io Fire Department							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$500.00	315 S San	ta Rosa Ave #2000							
		San Anton	io, TX 78207							
	PURPOSE OF		See Categories listed at the top		(b)	Description	_			
	EXPENDITURE	Gift/Award	s/Memorials Expense	2		브			plete Schedule T.	
						Donation	, 17,	, officeholder living	j expense	
-	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office sou	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/O			200	9			200 11		
Ļ										- 1 01 ((1 0-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Cri	edit Card Payment	The Instruction Guide explains how to co	omple	ete this form.		
1 Tot	al pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Scl	h: 57/78 Rpt: 75/97	Cortez, Philip (The Honorable)			00067628	
4 Dat	te	5 Payee name		· ·		
11/	/15/2023	San Antonio Police Department				
6 Am	ount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$200.00	515 South Frio				
		San Antonio, TX 78207				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
F)	OF KPENDITURE	Gift/Awards/Memorials Expense		Check if travel outsic		
	A ENDITORE			Check if Austin, TX,		
				Blue Santa Para	ue Donatioi	I
9 Cor	mplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	uaht		Office he	old.
	nenditure to benefit C/O		ugni		Office file	eiu
D - 4						
Dat		Payee name				
	/21/2023	Shell Gas Station				
Am	ount (\$)	Payee address; City; State; Zip Co	ode			
	\$63.98	2315 SW 36th Street				
		San Antonio, TX 78237				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
E	KPENDITURE	Travel In District		Check if travel outsion Check if Austin, TX,		
				Staff Fuel		, oxponed
Cor	mplete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
exp	penditure to benefit C/O	-1				
Dat	te	Payee name				
08/	/02/2023	Shell Gas Station				
Am	ount (\$)	Payee address; City; State; Zip Co	ode			
	\$78.91	2315 SW 36th Street				
		San Antonio, TX 78237				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description		
	OF	Travel In District	(5)	Check if travel outsic	le of Texas. Com	plete Schedule T.
E	KPENDITURE			Check if Austin, TX,	officeholder living	expense
				Staff Fuel		
	mplete <u>ONLY</u> if direct benditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office he	eld
ΕΛΡ	ochantare to beliefft C/O	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 58/78 Rpt: 76/97	Cortez, Philip (The Honorable)		00067628				
4	Date	5 Payee name						
	08/07/2023	Shell Gas Station						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$106.40	2315 SW 36th Street						
		San Antonio, TX 78237						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense Staff Fuel				
				Stall Fuel				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l laht	Office held				
	expenditure to benefit C/O		9					
F	Date	Payee name						
	10/10/2023	Shell Gas Station						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$48.10	2315 SW 36th Street						
		San Antonio, TX 78237						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense Staff Fuel				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	Office held				
	expenditure to benefit C/OI	1						
	Date	Payee name						
	09/22/2023	Shell Oil						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$80.63	606 W Theo						
		San Antonio, TX 78225						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				Staff Fuel				
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	Office held				
	expenditure to benefit C/OI	1						
l								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/78 Rpt: 77/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/25/2023	Shell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.81	5815 S Pan Am Exprwy
		San Antonio, TX 78211
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/06/2023	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.14	5815 S Pan Am Exprwy
		San Antonio, TX 78211
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/11/2023	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.68	5815 S Pan Am Exprwy
		San Antonio, TX 78211
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/78 Rpt: 78/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/18/2023	Shell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.78	5815 S Pan Am Exprwy
		San Antonio, TX 78211
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	12/27/2023	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.18	5815 S Pan Am Exprwy
		San Antonio, TX 78211
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		T del
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payeo namo
	10/26/2023	Payee name Snarf's
	Amount (\$)	Payee address; City; State; Zip Code 2901 Medical Arts St
	\$32.80	
		#2
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff food
		Stati 1884
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 61/78 Rpt: 79/97	Cortez, Phi	ip (The Honorable)					00067628	
4	Date	5 Payee name							
	10/26/2023	Snarf's							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$23.53	2901 Medic	al Arts St						
		#2							
		Austin, TX	78705						
8	PURPOSE	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense			_		de of Texas. Com officeholder living	
						Staff food	, 17,	onicendider living	у ехрепое
9	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	+							
	Date	Payee name							
	07/10/2023	Southwest .	Airlines						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$40.00	2702 Love	Field Drive						
		Dallas , TX	75235						
	PURPOSE OF		ee Categories listed at the top	o of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living	
						Conference T			, - ,
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
L	07/03/2023	Spectrum C	able						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$114.01	1900 Blue (Crest Ln						
		San Antonio	o, TX 78247						
	PURPOSE	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expens	se				de of Texas. Com	
						DO Cable	, 17,	officeholder living) expense
						_ 0 00010			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI	H			-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┝	Total pages Schedule F1:		_
Ľ	Sch: 62/78 Rpt: 80/97	Cortez, Philip (The Honorable) Cortez of the Honorable o	
4	Date	5 Payee name	
	07/31/2023	Spectrum Cable	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$114.01	1900 Blue Crest Ln	
	Ψ114.01	1500 Blue Great Elli	
		San Antonio, TX 78247	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		DO cable	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	·		_
	Date	Payee name	
	08/31/2023	Spectrum Cable	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$114.01	1900 Blue Crest Ln	
		San Antonio, TX 78247	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense DO cable	
		DO Cable	
L	0 1: 0 1: 0		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	10/02/2023	Spectrum Cable	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.03	1900 Blue Crest Ln	
		San Antonio, TX 78247	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		DO cable	
L			_
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI		
Ш.			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/78 Rpt: 81/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/31/2023	Spectrum Cable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.01	1900 Blue Crest Ln
		San Antonio, TX 78247
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DO cable
		DO Cable
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	11/30/2023	Spectrum Cable
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.01	1900 Blue Crest Ln
		San Antonio, TX 78247
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DO cabel
		DO GUDGI
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 09/18/2023	Payee name St. Anthony Hotel
		St. Anthony Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	300 E Travis St
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Faiking lee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee L	-ood/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission F	ilers)
L	Sch: 64/78 Rpt: 82/97	C	ortez, Phili	p (The Honorab	ole)				L	00067628		
4	Date	5 Pa	ayee name					•				
	09/18/2023	ı	t. Anthony	Hotel								
6	Amount (\$)	7 Pa	ayee addres	s; City;	State;	Zip Co	ode					
	\$24.00	30	00 E Travis	St								
		s	an Antonio	, TX 78205								
8	PURPOSE	(a) C	ategory (See	e Categories listed at th	e ton of this sche	edule)	(b)	Description				
	OF			on Equipment &		sudic)	` `	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		xpense					_	, TX,	officeholder living	g expense	
								Parking fee				
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Offic	eholder name	C	office sou	ıght			Office h	eld	
	Date	P	ayee name									
	10/10/2023	l	arget.com									
	Amount (\$)	Pi	ayee addres	s; City;	State;	Zip Co	ode					
	\$46.54	1	000 Nicolle		•	•						
		М	1inneapolis,	MN 55403								
	PURPOSE	(a) C	ategory (See	e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	0	office Overh	ead/Rental Exp	ense			_			plete Schedule T.	
								Office supplie		officeholder living	g expense	
								Since Supplie	,,			
\vdash	Complete ONLY if direct	l Cai	ndidate/Offic	eholder name		Office sou	laht			Office h	eld	
	expenditure to benefit C/O						9.10			211100 11		
-	Dato		2)/00 52775									
	Date 11/20/2023	l	ayee name arget.com									
				- Cit ::		71: 0	a al c					
	Amount (\$)	I	ayee addres		State;	Zip Co	oae					
	\$63.42	10	000 Nicolle	ı iviali								
		M	linneapolis,	, MN 55403								
	PURPOSE	(a) C	ategory (sa	e Categories listed at th	le ton of this sch	edule)	(b)	Description				
	OF			ead/Rental Exp)	Ĭ .		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			--						officeholder living	g expense	
								Office supplie	es			
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	C	office sou	ıght			Office h	eld	
	onponditure to beliefft G/Of											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/78 Rpt: 83/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	10/12/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.45	5621 N I-35
		Austin , TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	10/25/2023	Texas Capitol Lounge
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.00	1100 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/11/2023	Texas Silver Haired Legislators
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	266 Golf Walk Circle
		Denison , TX 75020
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 66/78 Rpt: 84/97	Cortez, Philip (The Honorable) 00067628					
4	Date	5 Payee name					
	10/10/2023	The RK Group					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$42.00	Address: 4039 I-10					
		San Antonio, TX 78219					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Food for staff					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
		•					
	Date	Payee name					
	08/07/2023	The Rose Boutique					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$805.00	955 Cincinnati Ave.					
		San Antonio, TX 78201					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense					
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense Constituent flowers					
		Constituent nowers					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	<u> </u>						
	Date	Payee name The Dage Poutigue					
	12/06/2023	The Rose Boutique					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$385.00	955 Cincinnati Ave.					
		San Antonio, TX 78201					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Constituent flowers					
		Constituent nowers					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	U					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula F1:	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 67/78 Rpt: 85/97	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628
4	Date	5 Payee name
	08/14/2023	Trevino, Carlos
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2022 W. Mistletoe San Antonio, TX 78201
_	DUDD005	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BTS fair photography
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/09/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.29	1140 S Laredo St.
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel cutside of Tayon Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign PO Box
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/22/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.75	1140 S Laredo St.
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PO Boc
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 68/78 Rpt: 86/97	FILER NAME Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628
4	Date 10/04/2023	5 Payee name USPS	
6	Amount (\$) \$4.75	7 Payee address; City; State; Zip Code 1140 S Laredo St. San Antonio, TX 78204	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PO Box
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/23/2023	Payee name USPS	
	Amount (\$) \$4.75	Payee address; City; State; Zip Code 1140 S Laredo St. San Antonio, TX 78204	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PO box
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/08/2023	Payee name USPS	
	Amount (\$) \$16.65	Payee address; City; State; Zip Code 1140 S Laredo St.	
		San Antonio, TX 78204	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stamps
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OUTER (orthogonal parts for parts)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 69/78 Rpt: 87/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/06/2023	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.40	1140 S Laredo St.
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stamps
		Stamps
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	12/13/2023	Unique Creations
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,125.50	2600 SW Military Dr
		San Antonio, TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		District 117 Christmas Party
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┕	·	
	Date	Payee name
	07/10/2023	WUFOO.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.26	1 Curiosity Way
		San Mateo , CA 94403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website security
L	Complete CMIV'S	Condidate/Officeholder name
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/78 Rpt: 88/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	08/10/2023	WUFOO.COM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.26	1 Curiosity Way
		San Mateo , CA 94403
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website security
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/10/2023	WUFOO.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.26	1 Curiosity Way
		San Mateo , CA 94403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website security
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/10/2023	WUFOO.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.26	1 Curiosity Way
		San Mateo , CA 94403
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website security
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 71/78 Rpt: 89/97	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	
	12/11/2023	WUFOO.COM	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.26	1 Curiosity Way	
		San Mateo , CA 94403	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Website security
			Website security
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
-	Date	Davis a series	
	09/11/2023	Payee name WUFOO.COM	
	Amount (\$) \$20.26	Payee address; City; State; Zip Code	
	Φ20.20	1 Curiosity Way	
		Car Mata - 04 04400	
		San Mateo , CA 94403	
	PURPOSE OF	- (yy	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Website security
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	+	
	Date	Payee name	
	12/13/2023	Walgreens	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	5345 N IH 35	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Gift cards
L	Complete ONIL V if aligned	Candidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
			_
1	Total pages Schedule F1: Sch: 72/78 Rpt: 90/97	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628	
4	Date	5 Payee name	
	12/13/2023	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$571.38	8538 IH 35 South	
		Can Antonia TV 70011	
		San Antonio, TX 78211	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash	D :		_
	Date	Payee name	
	12/13/2023	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$524.43	8538 IH 35 South	
		San Antonio, TX 78211	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Data		=
	Date	Payee name	
	11/01/2023	White Glove Cleaning Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.09	1910 NW Military Hwy	
		Can Antonia TV 70212	
		San Antonio, TX 78213	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Clean DO	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 73/78 Rpt: 91/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	12/01/2023	White Glove Cleaning Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.09	1910 NW Military Hwy
		San Antonio, TX 78213
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		DO cleaning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 07/03/2023	Payee name
		Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.07	55 Almaden Blvd
		San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Conference calls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	4
	Date	Payee name
	09/05/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.07	55 Almaden Blvd
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Video conferencing
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Or	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 74/78 Rpt: 92/97	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		
	10/02/2023	Zoom		
6	Amount (\$) \$17.07	7 Payee address; City; State; Zip Co55 Almaden Blvd	de	
	Φ17.07	55 Almauen bivu		
		San Jose, CA 95113		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees	()	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense Video conference
				video conierence
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1	-	
F	Date	Payee name		
	11/02/2023	Zoom		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$17.01	55 Almaden Blvd		
		San Jose, CA 95113		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Video conferencing
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
┝	Data	B		
	Date 12/04/2023	Payee name Zoom		
┝	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$17.07	55 Almaden Blvd		
		San Jose, CA 95113		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Video conferencing
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 75/78 Rpt: 93/97	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628
4	Date 07/05/2023	5 Payee name eRenterPlan.com
6	Amount (\$) \$39.25	7 Payee address; City; State; Zip Code 330 Commerce Suite 100 Irvine , CA 92602
8	(a) Category (See Categories listed at the top of this schedule) Living Expenses (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Renter's insurance	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/07/2023	Payee name eRenterPlan.com
	Amount (\$) \$39.25	Payee address; City; State; Zip Code 330 Commerce Suite 100 Irvine , CA 92602
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Renter's insurance
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/05/2023	Payee name eRenterPlan.com
	Amount (\$) \$39.35	Payee address; City; State; Zip Code 330 Commerce Suite 100 Irvine , CA 92602
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Renter's insurance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commiss	ion Filers)
-	Sch: 76/78 Rpt: 94/97		ilip (The Honorable)				3	00067628	(Earlos Commiss	10111 11013)
4	Date	5 Payee name	1							
	10/05/2023	eRenterPla								
6	Amount (\$)	7 Payee addre	ess; City; Si	ate; Zip Co	de					
-	\$39.25	330 Comm	•	, _,,						
	755.25	Suite 100								
		Irvine , CA	02602							
_	DUDD 005				<i>a</i> >					
8	PURPOSE OF		See Categories listed at the top of thi	s schedule)	(b)	Description	outoi	do of Toyon Com	aloto Sobodulo T	
	EXPENDITURE	Fees						de of Texas. Comp officeholder living		
						Renter's insu			·	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name)							
	11/06/2023	eRenterPla	n.com							
	Amount (\$)	Payee addr	ess; City; Si	ate; Zip Co	de					
	\$39.25	330 Comm	erce							
		Suite 100								
		Irvine , CA	92602							
	PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees				□		de of Texas. Comp		
						X Check if Austin, Renter's insu		officeholder living	expense	
						renter 5 mou	ıuı	100		
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name)							
	12/05/2023	eRenterPla	n.com							
	Amount (\$)	Payee addre	ess; City; Si	ate; Zip Co	de					
	\$39.25	330 Comm	erce							
		Suite 100								
		Irvine , CA	92602							
	PURPOSE	(a) Category (s	See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees		,		<u></u>		de of Texas. Com		
	LXI ENDITORE					_		officeholder living	expense	
						Renter's insu	ıar	ice		
	Complete ONLY if alias -t	Condidate (Cf	Sachalder non-	Office	ak+			O#: !	.ld	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ynt			Office he	eiu	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 77/78 Rpt: 95/97	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	07/31/2023	tmobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.34	3625 132nd Avenue Southeast Bellevue
		Bellevue, WA 98006
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	08/31/2023	tmobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.50	3625 132nd Avenue Southeast Bellevue
	•	
		Bellevue, WA 98006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	10/02/2023	tmobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.84	3625 132nd Avenue Southeast Bellevue
		Bellevue, WA 98006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Phone payment
		Thone payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide explains		ages/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)
	Sch: 78/78 Rpt: 96/97		ilip (The Honorable)				00067628	,
4	Date	5 Payee name	9					
	10/30/2023	tmobile						
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Cod	le			
	\$31.99	3625 132n	d Avenue Southeast Bellev	'ue				
		Bellevue, \	VA 98006					
8	PURPOSE	(a) Category (See Categories listed at the top of this sc	hedule) ((b) Description			
	OF EXPENDITURE	Fees					ide of Texas. Com	
					_		, officeholder living	expense
					Phone payn	nent		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ficeholder name	Office soug	ht		Office he	eld
	Date	Payee name	9					
	11/29/2023	tmobile						
	Amount (\$)	Payee addre	ess; City; State	e; Zip Cod	le			
	\$33.34	l	d Avenue Southeast Bellev	•	.0			
	φ33.34	3023 13211	u Avenue Southeast believ	ue				
		Bellevue, \	VA 98006					
	PURPOSE	(a) Category	See Categories listed at the top of this sc	hedule) ((b) Description			
	OF	Fees	g	,	_	el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Aust	in, TX	, officeholder living	expense
					Phone payn	nent	· ·	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	ht		Office he	eld

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 97/97
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Cortez, Philip (The Honorable)		00067628
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee		
Marriott International, Inc		
5 Contribution / Expenditure reported on:		
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name of person(s) traveling Cortez, Philip (Dr.)	
07/40/0000	8 Departure city or name of departure location	
07/10/2023	San Antonio	
	9 Destination city or name of destination location	
07/13/2023 New York		
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)		
Commercial Airp	lane NALEO Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee		
Southwest Airlines		
Contribution / Expenditure reported on:		
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1		
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
Dates of Travel Name of person(s) traveling Cortez, Philip (Dr.)		
07/10/2023	Departure city or name of departure location San Antonio	
07/10/2023		
07/40/000	Destination city or name of destination location	
07/13/2023	New York	
Means of transport	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	other event)
Commercial Airplane NALEO Conference		