# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (             | Guide explains how to complete this fo | rm. 1 Filer ID (Ethics Commission 00067628 |                             | <ul><li>2 Total pages filed:</li><li>73</li></ul>                 |
|------------------------------------|--|--|-----------------------------|---|
| 3 CANDIDATE /                      | MS / MRS / MR FIRST                    |  | MI                          | OFFICE USE ONLY   |
| OFFICEHOLDER<br>NAME               | The Honorable Philip                   |  |                             | Date Received ELECTRONICALLY FILED                                |
|                                    | NICKNAME LAST<br>Cortez                |  | SUFFIX                      | 07/14/2024  |
| 4 CANDIDATE /                      | ADDRESS / PO BOX; APT / SUITE #;       | CITY;                                      | ZIP CODE                    | Date Hand-delivered or Date Postmarked                            |
| OFFICEHOLDER<br>MAILING<br>ADDRESS | 7919 Liberty Island                    |  |                             | Receipt # Amount  |
| Change of Address                  | San Antonio, TX 78227-4734             |  |                             | Date Processed  |
|                                    |  |  |                             | Date Imaged   |
| 5 CAMPAIGN                         | MS / MRS / MR FIRST                    |  | MI                          |   |
| TREASURER<br>NAME                  | Ms. Rose                               |  |                             |   |
|                                    | NICKNAME LAST                          |  | SUFFIX                      |   |
|                                    | Cortez                                 |  |                             |   |
| 6 CAMPAIGN                         | STREET ADDRESS (NO PO BOX PLEA         | ASE); APT/S                                | UITE#; CITY;                | STATE; ZIP CODE   |
| TREASURER<br>ADDRESS               | 351 McNarney                           |  |                             |   |
| (Residence or Business)            | San Antonio, TX 78211                  |  |                             |   |
| 7 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHONE NUMBE (210) 923-1557   | R EXTENSION                                |                             |   |
| 8 REPORT<br>TYPE                   | January 15 30th day                    | y before election Run                      | off                         | 15th day after campaign treasurer appointment (officeholder only) |
|                                    | X July 15 8th day                      |  | eeded modified orting limit | Final Report (Attach C/OH-FR)                                     |
| 9 PERIOD<br>COVERED                | Month Day Year                         |  | Month Day                   | Year  |
| COVERED                            | 01/01/2024                             | THROUGH                                    | 06/30/2024                  | •   |
| 10 ELECTION                        | ELECTION DATE                          |  | LECTION TYPE                | Other   |
|                                    | Month Day Year                         | Primary                                    | Runoff                      | Other   |
|                                    |  | General                                    | Special                     |   |
| 11 OFFICE                          | OFFICE HELD (if any)                   | 12   | OFFICE SOUGHT               |   |
|                                    | State Representative District 117      |  | State Representa            | tive District 117   |
|                                    | •                                      | '  |                             |   |
|                                    |  | GO TO PAGE 2                               |                             |   |

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 73

| 13 C / OH NAME                                 | <b>14</b> Filer ID 00067628      | (Ethics Commission Filers)   |                              |                        |
|--|----------------------------------|--|------------------------------|------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expend<br>These expenditures may have been made withou<br>I officeholders are required to report this informat | it 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 ADDR  | ESS                          |                        |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL   |                              | \$ 0.00                |
|  |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOAI  | NS)                          | \$ 72,250.43           |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | <b>\$</b> 169.23   |                              |                        |
|  | 4. TOTAL POLITIC                 | AL EXPENDITURES  |                              | \$ 36,186.28           |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | AL CONTRIBUTIONS MAINTAINED AS OF THE<br>RIOD  | LAST DAY OF THE              | <b>\$</b> 87,623.58    |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS A<br>TING PERIOD  | S OF THE LAST DAY            | \$ 0.00                |
| <b>17</b> AFFIDAVIT                            |                                  | I swear, or affirm, under pena<br>true and correct and includes<br>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 73                |
|-----|--------|---|-----------------------------|-----------|------------------------|
|     | ER NAM | ME<br>nilip (The Honorable)   | <b>19</b> Filer ID 00067628 | (Eth      | ics Commission Filers) |
|     |        | E SUBTOTALS<br>SCHEDULE   |                             |           | SUBTOTAL AMOUNT        |
| 1.  | X      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 |                             | \$        | 71,855.00              |
| 2.  | Х      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   |                             | \$        | 395.43                 |
| 3.  |        | \$  |                             |           |                        |
| 4.  |        | SCHEDULE E: LOANS   |                             | \$        |                        |
| 5.  | Х      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$                          | 36,186.28 |                        |
| 6.  |        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      |                             | \$        |                        |
| 7.  |        | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION              | ONS                         | \$        |                        |
| 8.  |        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 |                             | \$        |                        |
| 9.  |        | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                        |                             | \$        |                        |
| 10. |        | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS                | OF C/OH                     | \$        |                        |
| 11. |        | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION            | ONS                         | \$        |                        |
| 12. | Х      | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED                    | \$        | 54.17                  |
|     |        |   |                             |           |                        |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | ONS                           |   | SCHEDUI   | LE <b>A1</b> |
|---|-----------------------------|---|-------------------------------|---|---|--------------|
|   | The Instru                  | ction Guide explains how to complete this f   | orm.                          | 1 | Total pages Schedule A1:<br>Sch: 1/10 Rpt: 4/73 |              |
| 2 | FILER NAME<br>Cortez, Phili | p (The Honorable)   |                               | 3 | Filer ID (Ethics Commission 00067628            | on Filers)   |
| 4 | Date<br>06/28/2024          | 5 Full name of contributor out-of-state PAC (ID#:_ A. & M. PAC  6 Contributor address; City; State; Zip Code                                |                               | 7 | Amount of Contribution (\$)                     | \$2,000.00   |
| _ | Deinsinal                   | Austin, TX 78701  | D. Farakara (Carakaratian     |   |   |              |
| 8 | Principal occu              | ipation / Job title (See Instructions)  | 9 Employer (See Instructions) | ) |   |              |
|   | Date<br>02/01/2024          | Full name of contributor x out-of-state PAC (ID#: \( \)  Altria Group Inc PAC  Contributor address; City; State; Zip Code                   | C00089136 )                   |   | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu              | Washington, DC 20001  upation / Job title (See Instructions)  | Employer (See Instructions    | ) |   |              |
|   | •                           |   |                               |   |   |              |
|   | Date<br>06/14/2024          | Full name of contributor out-of-state PAC (ID#:_<br>American Pharmacy GPAC<br>Contributor address; City; State; Zip Code                    | )                             |   | Amount of Contribution (\$)                     | \$500.00     |
|   |                             | Corpus Christi, TX 78401  |                               |   |   |              |
|   | Principal occu              | ipation / Job title (See Instructions)  | Employer (See Instructions    | ) |   |              |
|   | Date<br>06/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Ancira Strategic Partners LLP Contributor address; City; State; Zip Code  Austin, TX 78701 | )                             |   | Amount of Contribution (\$)                     | \$300.00     |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |              |
|   | Date<br>06/14/2024          | Full name of contributor out-of-state PAC (ID#:_Autry Public Affairs Contributor address; City; State; Zip Code  Austin, TX 78701           |                               |   | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |   |              |
|   |                             |   |                               |   |   |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | SCHEDULE A1                                 |   |   |            |
|---|-----------------------------|---|---|---|---|------------|
|   | The Instru                  | ction Guide explains how to complete this f   | orm.  | 1 | Total pages Schedule A1:<br>Sch: 2/10 Rpt: 5/73 |            |
| 2 | FILER NAME<br>Cortez, Phili | p (The Honorable)   |   | 3 | Filer ID (Ethics Commission 00067628            | on Filers) |
| 4 | Date 06/14/2024             | <ul> <li>Full name of contributor</li></ul>   | )   | 7 | Amount of Contribution (\$)                     | \$1,000.00 |
| 0 | Dringing occur              | Austin, TX 78701  | Employer (See Instructions                  |   |   |            |
| 8 | Principal occu              | pation / Job title (See Instructions)   | 9 Employer (See Instructions)               | ) |   |            |
|   | Date<br>03/27/2024          | Full name of contributor out-of-state PAC (ID#:_<br>Ben E. Keith Company Texas PAC  Contributor address; City; State; Zip Code      |   |   | Amount of Contribution (\$)                     | \$1,500.00 |
|   | Principal occu              | Fort Worth, TX 76102 pation / Job title (See Instructions)  | Employer (See Instructions                  | ) |   |            |
|   |                             | patient, cos alle (cos metadatene)  |   | , |   |            |
|   | Date<br>06/14/2024          | Full name of contributor out-of-state PAC (ID#:_ Blackridge Contributor address; City; State; Zip Code                              | )   |   | Amount of Contribution (\$)                     | \$2,500.00 |
|   |                             | Austin, TX 78701  |   |   |   |            |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions                  | ) |   |            |
|   | Date<br>06/14/2024          | Full name of contributor out-of-state PAC (ID#:_<br>Capelo, Jaime<br>Contributor address; City; State; Zip Code<br>Austin, TX 78701 |   |   | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Principal occu<br>Lobbyist  | pation / Job title (See Instructions)   | Employer (See Instructions Self-Employed    | ) |   |            |
|   | Date<br>02/27/2024          | Full name of contributor out-of-state PAC (ID#:_Capelo, Jaime  Contributor address; City; State; Zip Code  Austin, TX 78701         |   |   | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Principal occu<br>Lobbyist  | pation / Job title (See Instructions)   | Employer (See Instructions<br>Self-Employed | ) |   |            |
|   |                             |   |   |   |   |            |

|   | MONET                        | ARY POLITICAL CO  | ONTRIBUTION                           | NS  |    | SCHEDUI   | E A1       |
|---|------------------------------|---|---------------------------------------|---|----|---|------------|
|   | The Instru                   | ction Guide explains how t  | o complete this for                   | m.  | 1  | Total pages Schedule A1:<br>Sch: 3/10 Rpt: 6/73 |            |
| 2 | FILER NAME<br>Cortez, Philip | o (The Honorable)   |                                       |   | 3  | Filer ID (Ethics Commission 00067628            | on Filers) |
| 4 | Date 02/27/2024              | <ul><li>5 Full name of contributor Cullen, Ann</li><li>6 Contributor address; City; State</li></ul>             | out-of-state PAC (ID#:<br>e; Zip Code | )   | 7  | Amount of Contribution (\$)                     | \$2,500.00 |
| 8 | Principal occu               | Victoria, TX 77902<br>pation / Job title (See Instructions)   | 9                                     | Employer (See Instructions L&F Distributors | 5) |   |            |
|   | Date 06/28/2024              | Full name of contributor  Deputy Sheriff's Association  Contributor address; City; State  San Antonio, TX 78217 |                                       | )   |    | Amount of Contribution (\$)                     | \$1,500.00 |
|   | Principal occu               | pation / Job title (See Instructions)   |                                       | Employer (See Instructions                  | 5) |   |            |
|   | Date<br>06/14/2024           | Full name of contributor  Garcia, Joe  Contributor address; City; State   | out-of-state PAC (ID#:e; Zip Code     | )   |    | Amount of Contribution (\$)                     | \$500.00   |
|   | Principal occu               | Austin, TX 78701 pation / Job title (See Instructions)  | 1                                     | Employer (See Instructions                  | () |   |            |
|   | Lobbyist                     | ,   |                                       | The Garcia Group                            | ,  |   |            |
|   | Date<br>02/01/2024           | Full name of contributor Gulf States Toyota Inc. PAC Contributor address; City; State Houston , TX 77077        |                                       | )   |    | Amount of Contribution (\$)                     | \$500.00   |
|   | Principal occu               | pation / Job title (See Instructions)   |                                       | Employer (See Instructions                  | )  |   |            |
|   | Date<br>06/14/2024           | Full name of contributor Hillco PAC Contributor address; City; State Austin, TX 78701                           | out-of-state PAC (ID#:                | )   |    | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Principal occu               | pation / Job title (See Instructions)   |                                       | Employer (See Instructions                  | 5) |   |            |
|   |                              |   | ,                                     |   |    |   |            |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   |                              | SCHEDULE A |   |            |
|---|-----------------------------|--|------------------------------|------------|---|------------|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                         | 1          | Total pages Schedule A1:<br>Sch: 4/10 Rpt: 7/73 |            |
| 2 | FILER NAME<br>Cortez, Phili | p (The Honorable)  |                              | 3          | Filer ID (Ethics Commission 00067628            | on Filers) |
| 4 | Date 06/14/2024             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7          | Amount of Contribution (\$)                     | \$1,000.00 |
| _ |                             | Austin, TX 78701   |                              |            |   |            |
| 8 | Principal occu              | pation / Job title (See Instructions)  | 9 Employer (See Instructions | )          |   |            |
|   | Date<br>06/28/2024          | Full name of contributor  out-of-state PAC (ID#:_<br>Houston Fire Fighters PAC  Contributor address; City; State; Zip Code                 |                              |            | Amount of Contribution (\$)                     | \$5,000.00 |
|   | Principal occu              | Houston , TX 77009 pation / Job title (See Instructions)   | Employer (See Instructions   | )          |   |            |
|   | Date<br>06/30/2024          | Full name of contributor out-of-state PAC (ID#:_<br>Houston Region Business Coalition<br>Contributor address; City; State; Zip Code        |                              |            | Amount of Contribution (\$)                     | \$1,500.00 |
|   |                             | Bellaire, TX 77401   |                              |            |   |            |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | )          |   |            |
|   | Date<br>03/06/2024          | Full name of contributor out-of-state PAC (ID#:_ Howard Energy Partners  Contributor address; City; State; Zip Code  San Antonio, TX 78256 |                              |            | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | )          |   |            |
|   | Date<br>01/24/2024          | Full name of contributor   | C00027342 )                  |            | Amount of Contribution (\$)                     | \$4,000.00 |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | )          |   |            |
|   |                             |  |                              |            |   |            |

|   | MONET                        | ARY POLITICAL CONTRIBU  | JTION    | IS   |          | SCHEDUI   | LE <b>A1</b> |
|---|------------------------------|---|----------|--|----------|---|--------------|
|   | The Instruc                  | ction Guide explains how to complete  | this for | m.   | 1        | Total pages Schedule A1:<br>Sch: 5/10 Rpt: 8/73 |              |
| 2 | FILER NAME<br>Cortez, Philip | p (The Honorable)   |          |  | 3        | Filer ID (Ethics Commission 00067628            | on Filers)   |
| 4 | Date<br>06/28/2024           | <ul> <li>5 Full name of contributor  out-of-state PA</li> <li>J. Ancira Strategies</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |          |  | 7        | Amount of Contribution (\$)                     | \$300.00     |
|   |                              | Austin, TX 78701  |          |  |          |   |              |
| 8 | Principal occu               | pation / Job title (See Instructions)   | 9        | Employer (See Instructions                       | 5)       |   |              |
|   | Date<br>06/12/2024           | Full name of contributor out-of-state PA<br>Kralj, Nicholas  Contributor address; City; State; Zip Code   |          | )  |          | Amount of Contribution (\$)                     | \$1,000.00   |
|   |                              | Austin, TX 78701  |          |  | <u> </u> |   |              |
|   |                              | pation / Job title (See Instructions)<br>nd Governmental Relations  |          | Employer (See Instructions Kralj Consulting Inc. | 5)       |   |              |
|   | Date<br>06/28/2024           | Full name of contributor  out-of-state PA  Legacy 44 PAC  Contributor address; City; State; Zip Code  | C (ID#:  | )  |          | Amount of Contribution (\$)                     | \$1,000.00   |
|   |                              | Austin , TX 78756   |          |  |          |   |              |
|   | Principal occu               | pation / Job title (See Instructions)   |          | Employer (See Instructions                       | 5)       |   |              |
|   | Date<br>01/24/2024           | Full name of contributor out-of-state PA Mission Business PAC Contributor address; City; State; Zip Code Universal City , TX 78148                  |          | )  |          | Amount of Contribution (\$)                     | \$2,500.00   |
|   | Principal occu               | pation / Job title (See Instructions)   |          | Employer (See Instructions                       | 5)       |   |              |
|   | Date<br>06/14/2024           | Full name of contributor out-of-state PA Moak Casey  Contributor address; City; State; Zip Code  Austin , TX 78701                                  |          |  |          | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu               | pation / Job title (See Instructions)   |          | Employer (See Instructions                       | 5)       |   |              |
|   |                              |   | 1        |  |          |   |              |

|   | MONET                         | MONETARY POLITICAL CONTRIBUTIONS  |              |   |           |   | LE <b>A1</b> |
|---|-------------------------------|---|--------------|---|-----------|---|--------------|
|   | The Instru                    | ction Guide explains how to complete th   | is foi       | rm.   | 1         | Total pages Schedule A1:<br>Sch: 6/10 Rpt: 9/73 |              |
| 2 | FILER NAME<br>Cortez, Philip  | o (The Honorable)   |              |   | 3         | Filer ID (Ethics Commission 00067628            | on Filers)   |
| 4 | Date 05/02/2024               | <ul> <li>Full name of contributor</li></ul>   |              |   | 7         | Amount of Contribution (\$)                     | \$5,000.00   |
| _ |                               | San Antonio, TX 78278   | - 1-         |   |           |   |              |
| 8 | Principal occu                | pation / Job title (See Instructions)   | 9            | Employer (See Instructions                        | s)        |   |              |
|   | Date<br>06/07/2024            | Full name of contributor out-of-state PAC ( Ocanas, Gilberto  Contributor address; City; State; Zip Code                        |              | )   |           | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu                | San Antonio, TX 78258 pation / Job title (See Instructions)   |              | Employer (See Instructions                        | <u>;)</u> |   |              |
|   |                               |   | Ocanas Group | -,  |           |   |              |
|   | Date<br>05/23/2024            | Full name of contributor  |              | )   |           | Amount of Contribution (\$)                     | \$1,500.00   |
|   |                               | Houston, TX 77249   |              |   |           |   |              |
|   | Principal occu                | pation / Job title (See Instructions)   |              | Employer (See Instructions                        | 5)        |   |              |
|   | Date<br>06/25/2024            | Full name of contributor out-of-state PAC ( Puente, Robert  Contributor address; City; State; Zip Code  San Antonio , TX 78229  |              | )   |           | Amount of Contribution (\$)                     | \$500.00     |
|   | •                             | pation / Job title (See Instructions)<br>es Management  |              | Employer (See Instructions San Antonio Water Syst |           | ns  |              |
|   | Date<br>05/03/2024            | Full name of contributor out-of-state PAC ( Reinhard, Hannah  Contributor address; City; State; Zip Code  San Antonio, TX 78204 | ID#:         |   |           | Amount of Contribution (\$)                     | \$5.00       |
|   | Principal occu<br>Campaign st | pation / Job title (See Instructions) caffer  |              | Employer (See Instructions Campaign               | 5)        |   |              |
|   | , 3                           |   |              |   |           |   |              |

|   | MONEI              | ARY POLITICAL (                                     | CONTRIBUTIO             | INS                          |                | SCHEDUI  | LE <b>A1</b>     |
|---|--------------------|---|-------------------------|------------------------------|----------------|--|------------------|
|   | The Instru         | ction Guide explains how                            | to complete this fo     | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 7/10 Rpt: 10/73 |                  |
| 2 | FILER NAME         |   |                         |                              | 3              | Filer ID (Ethics Commission                      | on Filers)       |
|   | Cortez, Philip     | o (The Honorable)                                   |                         |                              |                | 00067628   |                  |
| 4 | Date<br>06/12/2024 | Full name of contributor     Rodriguez, Marc        | out-of-state PAC (ID#:_ |                              | 7              | Amount of Contribution (\$)                      | \$2,000.00       |
|   |                    | 6 Contributor address; City; St<br>Austin, TX 78701 | ate; Zip Code           |                              |                |  |                  |
| 8 | Principal occu     | pation / Job title (See Instructions                | )                       | 9 Employer (See Instructions | ;)<br>[        |  |                  |
| • | Lobbyist           | patient too tile (ood mendelene                     | ,                       | Offices of Marc Rodrigu      |                |  |                  |
|   |                    | E 11  | <u> </u>                |                              |                | A  |                  |
|   | Date               | Full name of contributor                            | out-of-state PAC (ID#:  | )                            |                | Amount of Contribution (\$)                      | <b>#4 F00 00</b> |
|   | 02/27/2024         | TSA PAC   |                         |                              |                |  | \$1,500.00       |
|   |                    | Contributor address; City; St                       | ate; Zip Code           |                              |                |  |                  |
|   |                    |   |                         |                              |                |  |                  |
|   |                    | A   |                         |                              |                |  |                  |
|   |                    | Austin, TX 78701                                    |                         |                              | Ĺ              |  |                  |
|   | Principal occu     | pation / Job title (See Instructions                | )                       | Employer (See Instructions   | 5)             |  |                  |
|   | Date               | Full name of contributor                            | Out of state DAC (ID#)  |                              | Π              | Amount of Contribution (\$)                      |                  |
|   | 06/14/2024         | Texans for Lawsuit Reform                           | out-of-state PAC (ID#:_ |                              |                | Amount of Continuation (4)                       | \$2,500.00       |
|   | 00/14/2024         |   |                         |                              |                |  | Ψ2,500.00        |
|   |                    | Contributor address; City; St                       | ate; Zip Code           |                              |                |  |                  |
|   |                    |   |                         |                              |                |  |                  |
|   |                    | Austin, TX 78701                                    |                         |                              |                |  |                  |
|   | Principal occu     | Lpation / Job title (See Instructions               | )                       | Employer (See Instructions   | <u>L</u><br>5) |  |                  |
|   |                    | (   | ,                       | , . <b>,</b> . (             | ,              |  |                  |
|   | Date               | Full name of contributor                            | out-of-state PAC (ID#:  | )                            |                | Amount of Contribution (\$)                      |                  |
|   | 02/27/2024         | Texas American Federation                           | on of Teachers COPE I   | Fund                         |                |  | \$250.00         |
|   |                    | Contributor address; City; St                       | ate; Zip Code           |                              |                |  |                  |
|   |                    | ·   | •                       |                              |                |  |                  |
|   |                    |   |                         |                              |                |  |                  |
|   |                    | Austin, TX 78741                                    |                         |                              |                |  |                  |
|   | Principal occu     | pation / Job title (See Instructions                | )                       | Employer (See Instructions   | 5)             |  |                  |
|   |                    |   |                         |                              |                |  |                  |
|   | Date               | Full name of contributor                            | out-of-state PAC (ID#:  | )                            |                | Amount of Contribution (\$)                      |                  |
|   | 02/27/2024         | Texas Apartment Associa                             | tion PAC                |                              |                |  | \$1,500.00       |
|   |                    | Contributor address; City; St                       | ate: Zip Code           |                              | l              |  |                  |
|   |                    | , ,,  | , <b>,</b>              |                              |                |  |                  |
|   |                    |   |                         |                              |                |  |                  |
|   |                    | Austin, TX 78701                                    |                         |                              |                |  |                  |
|   | Principal occu     | pation / Job title (See Instructions                | )                       | Employer (See Instructions   | 5)             |  |                  |
|   |                    |   |                         |                              |                |  |                  |
|   |                    |   | ı                       |                              |                |  |                  |
|   |                    |   |                         |                              |                |  |                  |
|   |                    |   |                         |                              |                |  |                  |

|   | MONET                       | MONETARY POLITICAL CONTRIBUTIONS   |                              |   | SCHEDULE A1                                      |            |  |
|---|-----------------------------|--|------------------------------|---|--|------------|--|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 8/10 Rpt: 11/73 |            |  |
| 2 | FILER NAME<br>Cortez, Phili | p (The Honorable)  |                              | 3 | Filer ID (Ethics Commission 00067628             | on Filers) |  |
| 4 | Date<br>06/14/2024          | Full name of contributor   |                              | 7 | Amount of Contribution (\$)                      | \$2,000.00 |  |
| _ |                             | Austin, TX 78701   |                              |   |  |            |  |
| 8 | Principal occu              | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |  |            |  |
|   | Date<br>06/14/2024          | Full name of contributor out-of-state PAC (ID#:_ Texas Deer Association PAC Contributor address; City; State; Zip Code                         | )                            |   | Amount of Contribution (\$)                      | \$1,000.00 |  |
|   | Principal occu              | Austin, TX 78703 pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |            |  |
|   | Date<br>06/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78704    | )                            |   | Amount of Contribution (\$)                      | \$1,000.00 |  |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |            |  |
|   | Date<br>06/28/2024          | Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code  Austin, TX 78703 | )                            |   | Amount of Contribution (\$)                      | \$2,500.00 |  |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |            |  |
|   | Date<br>06/14/2024          | Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code  Austin , TX 78701   |                              |   | Amount of Contribution (\$)                      | \$1,500.00 |  |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |            |  |
|   |                             |  |                              |   |  |            |  |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  |                              | SCHEDULE A1 |  |            |
|---|------------------------------|--|------------------------------|-------------|--|------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | orm.                         | 1           | Total pages Schedule A1:<br>Sch: 9/10 Rpt: 12/73 |            |
| 2 | FILER NAME<br>Cortez, Philip | o (The Honorable)  |                              | 3           | Filer ID (Ethics Commission 00067628             | on Filers) |
| 4 | Date 06/28/2024              | <ul> <li>Full name of contributor</li></ul>  | )                            | 7           | Amount of Contribution (\$)                      | \$4,000.00 |
| _ | Dringing Loggy               | San Antonio, TX 78701  | O Employer (Con Instructions |             |  |            |
| 8 | Principal occu               | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)          |  |            |
|   | Date<br>06/28/2024           | Contributor address; City; State; Zip Code   | )                            |             | Amount of Contribution (\$)                      | \$1,000.00 |
|   | Principal occu               | Austin , TX 78702 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u>    |  |            |
|   | •                            | ,  |                              |             |  |            |
|   | Date<br>06/14/2024           | Full name of contributor  ut-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code                 | )                            |             | Amount of Contribution (\$)                      | \$2,500.00 |
|   |                              | Austin, TX 78701   |                              |             |  |            |
|   | Principal occu               | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)          |  |            |
|   | Date 02/01/2024              | Full name of contributor out-of-state PAC (ID#: Toyota Motor North America PAC  Contributor address; City; State; Zip Code  Washington, DC 20004 | )                            |             | Amount of Contribution (\$)                      | \$500.00   |
|   | Principal occu               | pation / Job title (See Instructions)  | Employer (See Instructions   | )           |  |            |
|   | Date<br>02/27/2024           | Full name of contributor out-of-state PAC (ID#: US Anesthia Partners of Texas  Contributor address; City; State; Zip Code  Dallas, TX 75251      |                              |             | Amount of Contribution (\$)                      | \$1,000.00 |
|   | Principal occu               | pation / Job title (See Instructions)  | Employer (See Instructions   | )           |  |            |
|   |                              | -  |                              |             |  |            |

|   | MONET   | ARY POLITICAL CONTRIBUTIO  | SCHEDULE A1                  |   |                                      |            |
|---|---|--|------------------------------|---|--------------------------------------|------------|
|   | The Instru  | ction Guide explains how to complete this fo   | 1                            | Total pages Schedule A1:<br>Sch: 10/10 Rpt: 13/73 |                                      |            |
| 2 | FILER NAME Cortez, Philip (The Honorable)   |  |                              | 3   | Filer ID (Ethics Commission 00067628 | on Filers) |
| 4 | Date 06/30/2024  5 Full name of contributor x out-of-state PAC (ID#: C00274431  United Health Group PAC  6 Contributor address; City; State; Zip Code |  | 7                            | Amount of Contribution (\$)                       | \$1,000.00                           |            |
|   |   | Washington, DC 20004   |                              |   |                                      |            |
| 8 | Principal occu  | pation / Job title (See Instructions)  | 9 Employer (See Instructions | )   |                                      |            |
|   | Date<br>06/14/2024  | Full name of contributor out-of-state PAC (ID#:_  Veterinarian PAC  Contributor address; City; State; Zip Code   | )                            |   | Amount of Contribution (\$)          | \$500.00   |
|   | Principal occu  | Austin , TX 78754 pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                                      |            |
|   | Date<br>06/14/2024  | Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701                  |                              |   | Amount of Contribution (\$)          | \$1,500.00 |
|   | Principal occu  | pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                                      |            |
|   | Date<br>03/27/2024  | Full name of contributor out-of-state PAC (ID#:_ 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   | )   |                                      |            |
|   | Date<br>03/06/2024  | Full name of contributor out-of-state PAC (ID#:_Zachary Corporation Political Action Committee  Contributor address; City; State; Zip Code  San Antonio, TX 78265-3240 | )                            |   | Amount of Contribution (\$)          | \$1,000.00 |
|   | Principal occu  | pation / Job title (See Instructions)  | Employer (See Instructions   | )   |                                      |            |
|   |   |  |                              |   |                                      |            |

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/73 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cortez, Philip (The Honorable) 00067628 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 06/12/2024 **TREPAC** \$395.43 i Austin Fundraiser 7 Contributor address; City; State; Zip Code Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 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)

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Po 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|----------|--|--|
| <u> </u> | T-4-1  |  |
| 1        | Total pages Schedule F1:<br>Sch: 1/57 Rpt: 15/73   | 2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628   |
| 4        | Date   | 5 Payee name   |
|          | 05/10/2024   | 4Imprint   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$1,278.76   | 101 Commerce Street  |
|          |  |  |
|          |  | Oshkosh, WI 54901  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE  | Gift/Awards/Memorials Expense  |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | Constituent giveaways  |
| <u>_</u> | Occupation Children  | Our Highest (Office health an arrange of the control of the contro |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held  |
| L        |  |  |
|          | Date   | Payee name   |
|          | 02/16/2024   | 54th Street Grill and Bar  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$94.14  | 7735 NW Loop 410   |
|          |  |  |
|          |  | San Antonio, TX 78245  |
|          | PURPOSE<br>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  |
|          |  | - Ctail in Stang   |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI  |  |
| H        | Date   | Payee name   |
|          | 03/26/2024   | 7-Eleven   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$110.59   | 7930 Callaghan Rd  |
|          | Ψ110.39  | , ooo sanagnan na  |
|          |  | San Antonio, TX 78229  |
|          | PURPOSE  |  |
|          | OF   | (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.  |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|          |  | Staff fuel   |
|          |  |  |
|          | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | 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 Committee

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

Printing Expense Salaries/Wages/Contract Labor

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |  |
|---|---|--|--|
| 1 | Total pages Schedule F1:<br>Sch: 2/57 Rpt: 16/73    | 2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628   |  |
| 4 | Date 04/02/2024                                     | 5 Payee name<br>7-Eleven   |  |
| 6 | Amount (\$)<br>\$59.19                              | 7 Payee address; City; State; Zip Code 7930 Callaghan Rd   |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | San Antonio, TX 78229  (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 |  |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held  |  |
|   | Date<br>05/24/2024                                  | Payee name<br>7-Eleven   |  |
|   | Amount (\$)<br>\$51.87                              | Payee address; City; State; Zip Code 7930 Callaghan Rd San Antonio, TX 78229   |  |
|   | PURPOSE<br>OF<br>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<br>06/10/2024                                  | Payee name<br>7-Eleven   |  |
|   | Amount (\$)<br>\$55.12                              | Payee address; City; State; Zip Code<br>7930 Callaghan Rd  |  |
|   |   | San Antonio, TX 78229  |  |
|   | PURPOSE<br>OF<br>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 H  |  |
|   |   |  |  |

### 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<br>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: 3/57 Rpt: 17/73                                   | Cortez, Philip (The Honorable) 00067628   |
| 4        | Date   | 5 Payee name  |
|          | 06/13/2024   | 823 Congress Garage   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$70.37  | 910 Brazos St   |
|          |  |   |
|          |  | Austin, TX 78701  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Event Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Event parking   |
|          |  | LVCIII parking  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9        | expenditure to benefit C/O                             |   |
| _        | <u> </u>   |   |
|          | Date   | Payee name  |
|          | 01/29/2024   | AT&T  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$103.06   | P.O. BOX 5006   |
|          |  |   |
|          |  | Carol Stream , IL 60197   |
|          | PURPOSE<br>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                             |   |
| $\vdash$ | Date   | Davisa nama   |
|          | 02/27/2024   | Payee name AT&T   |
|          |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$102.85   | P.O. BOX 5006   |
|          |  |   |
|          |  | Carol Stream , IL 60197   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Equipment fees  |
|          |  | Equipment lees  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
|          |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

|   | Credit Card Payment                                 | The Instruction Guide explains how to comp                                    | lete this form.   |
|---|---|---|---|
| 1 | Total pages Schedule F1:<br>Sch: 4/57 Rpt: 18/73    | 2 FILER NAME<br>Cortez, Philip (The Honorable)                                | 3 Filer ID (Ethics Commission Filers) 00067628  |
| 4 | Date 03/27/2024                                     | 5 Payee name<br>AT&T  |   |
| 6 | Amount (\$)<br>\$97.09                              | 7 Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197 |   |
| 8 | PURPOSE<br>OF<br>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  Equipment fees |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                                     | Office held   |
|   | Date<br>04/29/2024                                  | Payee name<br>AT&T  |   |
|   | Amount (\$)<br>\$102.82                             | Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197   |   |
|   | PURPOSE<br>OF<br>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  Equipment fees |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                                     | Office held   |
|   | Date<br>05/28/2024                                  | Payee name<br>AT&T  |   |
|   | Amount (\$)<br>\$102.82                             | Payee address; City; State; Zip Code P.O. BOX 5006                            |   |
|   |   | Carol Stream , IL 60197   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Fees        | Description 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/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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | l above)       |
|----------|--|---|----------------|
| 1        | Total pages Schedule F1:   |   | ission Eiloro) |
| 1        | Sch: 5/57 Rpt: 19/73   | Cortez, Philip (The Honorable)  3 Filer ID (Eurits Commit   | ission Filers) |
| 4        | Date   | 5 Payee name  |                |
|          | 06/27/2024   | AT&T  |                |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |                |
|          | \$102.82   | P.O. BOX 5006   |                |
|          |  |   |                |
|          |  | Carol Stream , IL 60197   |                |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |                |
|          | OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.   |                |
|          | EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |                |
|          |  | Equipment fees  |                |
|          |  |   |                |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held   |                |
| L        |  | ••  |                |
|          | Date   | Payee name  |                |
|          | 02/21/2024   | Amazon  |                |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |                |
|          | \$290.09   | 440 Terry Avenue North  |                |
|          |  |   |                |
|          |  | Seattle, WA 98109   |                |
|          | PURPOSE<br>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   |                |
|          |  |   |                |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |                |
|          | expenditure to benefit C/O   | · · · · · · · · · · · · · · · · · · ·   |                |
| H        | Date   | Payee name  |                |
|          | 02/26/2024   | Apple   |                |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |                |
|          | \$53.04  | 1 Infinite Loop   |                |
|          | <b>ა</b> ნე.04   | 1 minute Loop   |                |
|          |  |   |                |
|          |  | Cupertino, CA 95014   |                |
|          | PURPOSE<br>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  Equipment   |                |
|          |  |   |                |
|          | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |                |
|          | expenditure to benefit C/O   |   |                |
|          |  |   |                |
|          |  |   |                |
|          |  |   |                |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense 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<br>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: 6/57 Rpt: 20/73                                   | Cortez, Philip (The Honorable) 00067628   |
| 4 | Date   | 5 Payee name  |
|   | 06/24/2024   | Bellagio  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$480.11   | 3600 S Las Vegas Blvd   |
|   |  |   |
|   |  | Las Vegas, NV 89109   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Event Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  NALEO Conference lodging  |
|   |  | TWILLS Somerence loaging  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   | Date   | Payee name  |
|   | 02/02/2024   | Best Buy  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$910.02   | 6001 Northwest Loop 410   |
|   |  |   |
|   |  | San Antonio, TX 78238   |
|   | PURPOSE<br>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 laptop   |
|   |  | Campaigi aprop  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   | Date   | Payee name  |
|   | 06/06/2024   | Bexar County Democratic Party   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,000.00   | 1844 Fredericksburg Rd  |
|   | , ,  | <b>3</b>  |
|   |  | San Antonio, TX 78201   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Contributions/Donations Made By   |
|   | _/   | Candidate/Officeholder/Political Committee  |
|   |  | Donation  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gil

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee          | Legal Services  The Instruction Guide expl |               | Vages | /Contract Labor |      | OTHER (enter a                           | category not listed above) |   |
|---|--|----------------------|--|---------------|-------|-----------------|------|--|----------------------------|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAMI         | =  |               |       |                 | 3    | Filer ID                                 | (Ethics Commission Filers) | ) |
|   | Sch: 7/57 Rpt: 21/73                                   |                      | lip (The Honorable)                        |               |       |                 |      | 00067628                                 |                            |   |
| 4 | Date   | 5 Payee name         |  |               |       |                 |      |  |                            |   |
|   | 05/01/2024   | Bobbie's C           | afe  |               |       |                 |      |  |                            |   |
| 6 | Amount (\$)  | <b>7</b> Payee addre | ss; City;                                  | State; Zip Co | ode   |                 |      |  |                            |   |
|   | \$49.61  | 6728 S Flo           | res St                                     |               |       |                 |      |  |                            |   |
|   |  |                      |  |               |       |                 |      |  |                            |   |
|   |  | San Antoni           | o, TX 78221                                |               |       |                 |      |  |                            |   |
| 8 | PURPOSE<br>OF  |                      | ee Categories listed at the top of the     | nis schedule) | (b)   | Description     |      |  |                            |   |
|   | EXPENDITURE  | Food/Beve            | rage Expense                               |               |       |                 |      | de of Texas. Comp<br>officeholder living |                            |   |
|   |  |                      |  |               |       | Staff meeting   |      | officeriolder living                     | expense                    |   |
|   |  |                      |  |               |       | Stan meeting    |      |  |                            |   |
| _ | Complete ONL V if direct                               | Candidata/Off        | iochalder nome                             | Office cou    | ı abt |                 |      | Office he                                | ıld                        |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    |                      | iceholder name                             | Office sou    | ignt  |                 |      | Office ne                                | eid.                       |   |
| H | Date   | Payee name           |  |               |       |                 |      |  |                            | _ |
|   | 05/02/2024   | Bohanan's            |  |               |       |                 |      |  |                            |   |
|   | Amount (\$)  | Payee addre          | ss; City; S                                | State; Zip Co | ode   |                 |      |  |                            |   |
|   | \$763.76   | 219 E Hous           | ston Street                                |               |       |                 |      |  |                            |   |
|   |  |                      |  |               |       |                 |      |  |                            |   |
|   |  | San Antoni           | o , TX 78205                               |               |       |                 |      |  |                            |   |
|   | PURPOSE  | (a) Category (S      | ee Categories listed at the top of the     | nis schedule) | (b)   | Description     |      |  |                            |   |
|   | OF<br>EXPENDITURE                                      | Food/Beve            | rage Expense                               |               |       | <b>=</b>        |      | de of Texas. Comp                        |                            |   |
|   |  |                      |  |               |       | _               |      | officeholder living                      | expense                    |   |
|   |  |                      |  |               |       | Leaders mee     | uniç | y  |                            |   |
|   | Complete ONL V if direct                               | Candidata/Off        | iceholder name                             | Office cou    | l abt |                 |      | Office he                                | ıld                        |   |
|   | Complete ONLY if direct expenditure to benefit C/O     |                      | icenoider name                             | Office sou    | igni  |                 |      | Office he                                | eiu .                      |   |
|   |  |                      |  |               |       |                 |      |  |                            |   |
|   | Date   | Payee name           |  |               |       |                 |      |  |                            |   |
|   | 05/16/2024   | Canva                |  |               |       |                 |      |  |                            |   |
|   | Amount (\$)  | Payee addre          | ss; City;                                  | State; Zip Co | ode   |                 |      |  |                            |   |
|   | \$399.60   | 110 Kippax           | Street                                     |               |       |                 |      |  |                            |   |
|   |  |                      |  |               |       |                 |      |  |                            |   |
|   |  | Surry Hills          | Australia                                  |               |       |                 |      |  |                            |   |
|   | PURPOSE  | (a) Category (S      | ee Categories listed at the top of the     | nis schedule) | (b)   | Description     |      |  |                            |   |
|   | OF<br>EXPENDITURE                                      | Fees                 |  |               |       | ш               |      | de of Texas. Comp                        |                            |   |
|   |  |                      |  |               |       | _               |      | officeholder living                      | expense                    |   |
|   |  |                      |  |               |       | Annual subsc    | 'nψ  | uUH                                      |                            |   |
| _ | Commission ONU V If allows                             | Condidate 100        | Saabaldau warr -                           | O#:           |       |                 |      | Off: 1                                   | la la                      |   |
|   | Complete ONLY if direct expenditure to benefit C/OH    |                      | iceholder name                             | Office sou    | ignt  |                 |      | Office he                                | eiu                        |   |
|   |  |                      |  |               |       |                 |      |  |                            |   |
|   |  |                      |  |               |       |                 |      |  |                            |   |
|   |  |                      |  |               |       |                 |      |  |                            |   |

### 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

|   | Candidate/Officenoider/Politica<br>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: 8/57 Rpt: 22/73                                   | Cortez, Philip (The Honorable) 00067628  |
| 4 | Date   | 5 Payee name   |
|   | 05/29/2024   | Capitol Gift Shop  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$371.38   | 1400 Congress Ave  |
|   |  |  |
|   |  | Austin , TX 78701  |
| 8 | PURPOSE<br>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  |
|   |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | H  |
|   | Date   | Payee name   |
|   | 02/01/2024   | Chevron  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$108.52   | 1900 N. St. Mary's St.   |
|   |  |  |
|   |  | San Antonio, TX 78212  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>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 sought Office held  |
|   | expenditure to benefit C/OI                            |  |
| - | Date   | Payee name   |
|   | 03/12/2024   | Chevron  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$30.51  | 1900 N. St. Mary's St.   |
|   | Ψ30.31   | 1300 N. St. Mary 3 St.   |
|   |  | San Antonio, TX 78212  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense   |
|   |  | Staff fuel   |
|   | 0 1 0 0 1 1 1 1 1                                      |  |
|   | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held H  |
|   |  |  |
|   |  |  |
|   |  |  |

### 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<br>Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Lab  The Instruction Guide explains how to complete this form |   |
|---|--|---|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 9/57 Rpt: 23/73                                   | Cortez, Philip (The Honorable)  | 00067628  |
| 4 | Date   | 5 Payee name  |   |
|   | 05/31/2024   | Chevron   |   |
| 6 | Amount (\$)<br>\$60.63                                 | 7 Payee address; City; State; Zip Code<br>1900 N. St. Mary's St.  |   |
|   |  | San Antonio, TX 78212   |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                           | 1 Have III District   | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense       |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought   | Office held   |
| _ | Date   | Payee name  |   |
|   | 01/05/2024   | Chili's   |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$88.55  | 2310 Military Dr, STE 101   |   |
|   |  |   |   |
|   |  | San Antonio, TX 78224   |   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description                                  |   |
|   | EXPENDITURE  | 1 Tood/Develage Expense   | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense eting |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought   | Office held   |
|   | Date   | Payee name  |   |
|   | 02/09/2024   | Chili's   |   |
|   | Amount (\$)<br>\$141.07                                | Payee address; City; State; Zip Code 2310 Military Dr, STE 101  |   |
|   |  | San Antonio, TX 78224   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | 1 dod/beverage Experise   | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense       |
|   | 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

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

|   | 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: 10/57 Rpt: 24/73                               | Cortez, Philip (The Honorable) 00067628   |
| 4 | Date  | 5 Payee name  |
|   | 01/29/2024  | Circle K  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$29.43   | 7715 S Zarzamora  |
|   |   |   |
|   |   | San Antonio , TX 78224  |
| 8 | PURPOSE   |   |
| ľ | OF  | (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. |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   |   | Fuel  |
|   |   |   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/Ol                         |   |
|   | Date  | Payee name  |
|   | 01/02/2024  | City of Austin Utilites   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$16.49   | PO Box 2267   |
|   |   |   |
|   |   | Austin, TX 78783  |
| - | 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  |
|   |   | Utilities   |
|   |   |   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | experientare to benefit G/O                         | <u>'</u>  |
|   | Date  | Payee name  |
|   | 05/31/2024  | Cortez, Philip  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$1,634.78  | 7919 Liberty Island   |
|   |   |   |
|   |   | San Antonio, TX 78227   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Reimbursement Check if travel outside of Texas. Complete Schedule T.  |
|   | EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |   | Campaign internet, lodging  |
| _ | Complete Chilly '' "                                | Condidate/Officeholder name   |
|   | 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 Loan Repayment/Reimbu

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

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

|   | Candidate/Officenoider/Politica<br>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: 11/57 Rpt: 25/73                                  | Cortez, Philip (The Honorable) 00067628  |
| 4 | Date   | 5 Payee name   |
|   | 03/04/2024   | Costco   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$60.00  | 5611 UTSA Blvd.  |
|   |  |  |
|   |  | San Antonio, TX 78249  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.                      |
|   |  | Check if Austin, TX, officeholder living expense  Office membership              |
|   |  | Office membership  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                            |
| 3 | expenditure to benefit C/O                             |  |
|   | Date   | Payee name   |
|   | 01/26/2024   | Don Pedro Restaurant   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$132.51   | 1526 Southwest Military Drive  |
|   |  |  |
|   |  | San Antonio, TX 78221  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>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                             |  |
|   | Date   | Payee name   |
|   | 03/22/2024   | Don Pedro Restaurant   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$131.45   | 1526 Southwest Military Drive  |
|   | ¥202.10  |  |
|   |  | San Antonio, TX 78221  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.     |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense                                 |
|   |  | Staff meeting  |
|   | Commission ONE VIII II                                 | Condidate (Office holder name)   |
|   | Complete ONLY if direct expenditure to benefit C/Ol    | 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/Political Committee Credit Card Payment |  | Committee Legal Service   | 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 NAME  |   |          | [;                                    | 3 Filer ID                                      | (Ethics Commission Filers) |  |
|  | Sch: 12/57 Rpt: 26/73                              | Cortez, Philip (The H   | onorable)   |          |                                       | 00067628  |                            |  |
| 4  | Date   | 5 Payee name  |   |          |                                       |   |                            |  |
|  | 04/25/2024   | Don Pedro Restaura  | nt  |          |                                       |   |                            |  |
| 6  | Amount (\$)<br>\$55.06                             | <ul><li>7 Payee address; Cit</li><li>1526 Southwest Milit</li></ul> |   | ode      |                                       |   |                            |  |
|  |  | San Antonio, TX 782   | 21  |          |                                       |   |                            |  |
| 8  | PURPOSE  | (a) Category (See Categories  | listed at the top of this schedule)   | (b) D    | Description                           |   |                            |  |
|  | OF<br>EXPENDITURE                                  | Food/Beverage Expe  | ense  |          |                                       | utside of Texas. Com<br>TX, officeholder living |                            |  |
| 9  | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder n  | ame Office so   | ught     |                                       | Office he                                       | eld                        |  |
|  | Date   | Payee name  |   |          |                                       |   |                            |  |
|  | 05/15/2024   | Don Pedro Restaura  | nt  |          |                                       |   |                            |  |
|  | Amount (\$)  | Payee address; Cit  | y; State; Zip C   | ode      |                                       |   |                            |  |
|  | \$82.96  | 1526 Southwest Milit  | ary Drive   |          |                                       |   |                            |  |
|  |  |   |   |          |                                       |   |                            |  |
|  |  | San Antonio, TX 782   | 21  |          |                                       |   |                            |  |
|  | PURPOSE<br>OF                                      | (a) Category (See Categories  |   | (b) [    | Description                           | utaida of Tayon Com                             | plata Cabadula T           |  |
|  | EXPENDITURE  | Food/Beverage Expe  | ense  |          | <b>⊒</b>                              | utside of Texas. Com<br>TX, officeholder living |                            |  |
|  |  |   |   | 5        | Laff meeting                          |   | •                          |  |
|  |  |   |   |          |                                       |   |                            |  |
|  | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder n  | ame Office so   | ught     |                                       | Office he                                       | eld                        |  |
|  | Date   | Payee name  |   |          |                                       |   |                            |  |
|  | 05/24/2024   | Don Pedro Restaura  | nt  |          |                                       |   |                            |  |
|  | Amount (\$)  | Payee address; Cit  | y; State; Zip C   | ode      |                                       |   |                            |  |
|  | \$1,880.14   | 1526 Southwest Milit  | ary Drive   |          |                                       |   |                            |  |
|  |  | San Antonio, TX 782   | 21  |          |                                       |   |                            |  |
|  | PURPOSE  | (a) Category (See Categories  | listed at the top of this schedule)   | (b) D    | Description                           |   |                            |  |
|  | OF<br>EXPENDITURE                                  | Event Expense   |   | [        | <b>⊒</b>                              | utside of Texas. Com                            |                            |  |
|  |  |   |   | <u> </u> | J Check if Austin, T<br>Event luncheo | TX, officeholder living<br><b>)n</b>            | expense                    |  |
|  |  |   |   |          | -vont fanorieu                        |   |                            |  |
|  | Complete ONLY if direct                            | Candidate/Officeholder n  | ame Office so   | <u> </u> |                                       | Office he                                       | eld                        |  |
|  | expenditure to benefit C/O                         |   | 220 00  | <b>5</b> |                                       |   |                            |  |
|  |  |   |   |          |                                       |   |                            |  |
|  |  |   |   |          |                                       |   |                            |  |
|  |  |   |   |          |                                       |   |                            |  |

#### 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>Il Cor | mmittee                  | Gift/Awards/Memorial<br>Legal Services |                      |                      | /ages | /Contract Labor             |       | Travel Out of<br>OTHER (ente |             | not listed above)    |
|----------|--|---------------|--------------------------|--|----------------------|----------------------|-------|-----------------------------|-------|------------------------------|-------------|----------------------|
| Ļ        |  | -             |                          | The Instruction G                      | ouiue expiains       | HOW TO COL           | mpie  | te tills lottil.            |       |                              | ,           | <u> </u>             |
| 1        | Total pages Schedule F1:   | 2             |                          |  |                      |                      |       |                             | 3     | Filer ID                     | •           | s Commission Filers) |
|          | Sch: 13/57 Rpt: 27/73  |               | Cortez, Phil             | ip (The Honora                         | able)                |                      |       |                             |       | 0006762                      | 8           |                      |
| 4        | Date   | 5             | Payee name               |  |                      |                      |       |                             |       |                              |             |                      |
|          | 06/07/2024   |               | Fleming's                |  |                      |                      |       |                             |       |                              |             |                      |
| 6        | Amount (\$)  | 7             | Payee addre              | ss; City;                              | State                | ; Zip Co             | de    |                             |       |                              |             |                      |
|          | \$369.18   |               | 255 E. Bass              | -                                      |                      | -                    |       |                             |       |                              |             |                      |
|          |  |               | Unit E Suite             | 200                                    |                      |                      |       |                             |       |                              |             |                      |
|          |  |               |                          | , TX 78209                             |                      |                      |       |                             |       |                              |             |                      |
| Ļ        | DUDDOCE  | (=)           |                          |  |                      |                      | /h\   | <b>5</b>                    |       |                              |             |                      |
| 8        | PURPOSE<br>OF  | (a)<br>       |                          | ee Categories listed at                | the top of this sch  | nedule)              | (a)   | Description Check if travel | outci | ido of Toyas C               | omploto Sch | adulo T              |
|          | EXPENDITURE  |               | Food/Bever               | age Expense                            |                      |                      |       | Check if Austin             |       |                              |             |                      |
|          |  |               |                          |  |                      |                      |       | Staff meeting               |       |                              | 3 - 4-1.00  |                      |
|          |  |               |                          |  |                      |                      |       |                             | •     |                              |             |                      |
| 9        | Complete ONLY if direct  |               | Candidate/Offi           | ceholder name                          | (                    | Office sou           | aht   |                             |       | Office                       | held        |                      |
|          | expenditure to benefit C/OI  |               |                          |  | ·                    |                      | J     |                             |       | 230                          |             |                      |
| $\vdash$ | Date   | Π             | Payes roma               |  |                      |                      |       |                             |       |                              |             |                      |
|          | 03/07/2024   |               | Payee name<br>Fogo de Ch | 20                                     |                      |                      |       |                             |       |                              |             |                      |
|          |  | $\vdash$      |                          |  |                      | <b></b> -            | _     |                             |       |                              |             |                      |
|          | Amount (\$)  |               | Payee addre              | , ,,                                   | State                | ; Zip Co             | ae    |                             |       |                              |             |                      |
|          | \$241.89   |               | 849 E Com                | merce Street                           |                      |                      |       |                             |       |                              |             |                      |
|          |  |               |                          |  |                      |                      |       |                             |       |                              |             |                      |
|          |  |               | San Antonio              | o, TX 78205                            |                      |                      |       |                             |       |                              |             |                      |
|          | PURPOSE  | (a)           | Category (Se             | ee Categories listed at                | the top of this sch  | nedule)              | (b)   | Description                 |       |                              |             |                      |
|          | OF<br>EXPENDITURE  |               |                          | age Expense                            |                      |                      |       | Check if travel             |       |                              |             |                      |
|          | Za Enditone  |               |                          |  |                      |                      |       | Check if Austin             |       | , officeholder liv           | ing expense | 2                    |
|          |  |               |                          |  |                      |                      |       | Staff meeting               | J     |                              |             |                      |
|          |  |               |                          |  |                      |                      |       |                             |       |                              |             |                      |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 |               | Candidate/Offi           | ceholder name                          | (                    | Office sou           | ght   |                             |       | Office                       | held        |                      |
|          | Oriana.o to borioni O/Oi   | _             |                          |  |                      |                      |       |                             |       |                              |             |                      |
|          | Date   |               | Payee name               |  |                      |                      |       |                             |       |                              |             |                      |
|          | 04/18/2024   |               | Garibaldi's              |  |                      |                      |       |                             |       |                              |             |                      |
|          | Amount (\$)  |               | Payee addre              | ss; City;                              | State                | ; Zip Co             | de    |                             |       |                              |             |                      |
|          | \$65.20  |               | 4515 Frede               | ricksburg Rd.                          |                      |                      |       |                             |       |                              |             |                      |
|          |  |               |                          |  |                      |                      |       |                             |       |                              |             |                      |
|          |  |               | San Antonio              | o, TX 78201                            |                      |                      |       |                             |       |                              |             |                      |
|          | PURPOSE  | (a)           |                          | ee Categories listed at                | the top of this col- | nedule)              | (b)   | Description                 |       |                              |             |                      |
|          | OF   | ``'           |                          | age Expense                            | are top of this SCI  | icaui <del>c</del> ) | . ,   | Check if travel             | outsi | ide of Texas. C              | omplete Sch | edule T.             |
|          | EXPENDITURE  |               | . 000,0000               |  |                      |                      |       | Check if Austin             | , TX  | , officeholder liv           | ing expense | •                    |
|          |  |               |                          |  |                      |                      |       | Staff meeting               | J     |                              |             |                      |
|          |  |               |                          |  |                      |                      |       |                             |       |                              |             |                      |
|          | Complete ONLY if direct  |               | Candidate/Offi           | ceholder name                          | (                    | Office sou           | ght   |                             |       | Office                       | held        |                      |
|          | 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 Co

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

|   | Candidate/Officenoider/Politica<br>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: 14/57 Rpt: 28/73                                  | Cortez, Philip (The Honorable) 00067628   |
| 4 | Date   | 5 Payee name  |
|   | 04/19/2024   | Good News Burger  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$57.98  | 972 SW 36th St  |
|   |  |   |
|   |  | San Antonio, TX 78237   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
|   | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.          |
|   |  | Check if Austin, TX, officeholder living expense  Staff meeting                       |
|   |  | Star meeting  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                 |
| 9 | expenditure to benefit C/O                             |   |
| _ |  |   |
|   | Date   | Payee name  |
|   | 01/02/2024   | Google  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$14.91  | 1600 Amphitheatre   |
|   |  |   |
|   |  | Parkway Mountain View , CA 94043  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
|   |  | Check if Austin, TX, officeholder living expense                                      |
|   |  | G-suite account   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                 |
|   | Complete ONLY if direct expenditure to benefit C/O     |   |
|   |  |   |
|   | Date   | Payee name  |
|   | 01/11/2024   | 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<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.                           |
|   |  | Check if Austin, TX, officeholder living expense                                      |
|   |  | Youtube   |
|   | 0 1 0 0 1 1 1 1  |   |
|   | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held<br>H                            |
|   |  |   |
|   |  |   |
|   |  |   |

### 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<br>Credit Card Payment | l Committee Legal Services Salaries/Wages/Contra  The Instruction Guide explains how to complete this |   |
|---|--|---|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                         |
|   | Sch: 15/57 Rpt: 29/73                                  | Cortez, Philip (The Honorable)  | 00067628  |
| 4 | Date   | 5 Payee name  |   |
|   | 01/02/2024   | Google  |   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |
|   | \$12.79  | 1600 Amphitheatre   |   |
|   |  | '   |   |
|   |  | Parkway Mountain View , CA 94043  |   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Desc                             |   |
|   | EXPENDITURE  | Onice overnead/ tental Expense  | heck if travel outside of Texas. Complete Schedule T.         |
|   |  | , <del>–</del>  | heck if Austin, TX, officeholder living expense  Jite account |
|   |  | G-50  | me account  |
| Ļ |  |   |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought   | Office held   |
| Г | Date   | Payee name  |   |
|   | 03/04/2024   | Google  |   |
| H | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$13.93  | 1600 Amphitheatre   |   |
|   | 7-2  |   |   |
|   |  | Parkway Mountain View , CA 94043  |   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Desc                             | cription  |
|   | OF<br>EXPENDITURE                                      | Onice Overnead/Nental Expense   | heck if travel outside of Texas. Complete Schedule T.         |
|   |  | , <u> </u>  | heck if Austin, TX, officeholder living expense               |
|   |  | G-50  | uite account  |
| L |  |   |   |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought   | Office held   |
| L |  |   |   |
|   | Date   | Payee name  |   |
|   | 04/02/2024   | Google  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$15.35  | 1600 Amphitheatre   |   |
|   |  |   |   |
|   |  | Parkway Mountain View , CA 94043  |   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Desc                             | •   |
|   | OF<br>EXPENDITURE                                      | Onice Overneau/Nerital Expense  | heck if travel outside of Texas. Complete Schedule T.         |
|   |  | , <u> </u>  | heck if Austin, TX, officeholder living expense               |
|   |  | G-St  | uite account  |
|   |  |   |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit C/OI                            | ¬   |   |
|   |  |   |   |
|   |  |   |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete                       | te this form.  |
|---|---|--|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 16/57 Rpt: 30/73                               | Cortez, Philip (The Honorable)                                       | 00067628   |
| 4 | Date  | 5 Payee name   | •  |
|   | 05/02/2024  | Google   |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |
|   | \$15.35   | 1600 Amphitheatre  |  |
|   |   |  |  |
|   |   | Parkway Mountain View , CA 94043                                     |  |
| 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   |
|   |   |  | G-suite account  |
|   |   |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            | Office held  |
|   | experience to benefit Gree                          |  |  |
|   | Date  | Payee name   |  |
|   | 06/03/2024  | Google   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
|   | \$15.35   | 1600 Amphitheatre  |  |
|   |   |  |  |
|   |   | Parkway Mountain View , CA 94043                                     |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense                                       | Check if travel outside of Texas. Complete Schedule T.   |
|   | EX. ENDITORE  |  | 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/OI                         |  | Office field   |
|   |   |  |  |
|   | Date  | Payee name   |  |
|   | 01/19/2024  | HEB Gas  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
|   | \$110.36  | 6818 S Zarzamora   |  |
|   |   |  |  |
|   |   | San Antonio, TX 78224  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | OF<br>EXPENDITURE                                   | Travel In District   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   | '  | Staff fuel and supplies  |
|   |   |  | Cam. 185. and Supplies   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/OI                         |  | 5.1100 11010   |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

#### 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | mmittee Leg       | /Awards/Memorials E<br>al Services<br><b>e Instruction Gu</b> i | ·                    |             | ages | /Contract Labor |       | Travel Out of Dis<br>OTHER (enter a | strict<br>category not listed | above)         |
|---|--|----------|-------------------|---|----------------------|-------------|------|-----------------|-------|-------------------------------------|-------------------------------|----------------|
| 1 | Total pages Schedule F1:   | 2        |                   |   |                      |             |      | 1               | 3     | Filer ID                            | (Ethics Commi                 | ssion Filers)  |
| _ | Sch: 17/57 Rpt: 31/73  | <b> </b> | Cortez, Philip    | The Honorabl  | le)                  |             |      |                 |       | 00067628                            | (Ethio5 Commi                 | 00.0111 11010) |
| Ļ |  | _        | -                 | The Honoras   |                      |             |      |                 |       | 00007020                            |                               |                |
| 4 | Date   | 5        | Payee name        |   |                      |             |      |                 |       |                                     |                               |                |
|   | 01/29/2024   |          | HEB Gas           |   |                      |             |      |                 |       |                                     |                               |                |
| 6 | Amount (\$)  | 7        | Payee address;    | City;   | State;               | Zip Co      | de   |                 |       |                                     |                               |                |
|   | \$71.71  |          | 6818 S Zarzar     | nora  |                      |             |      |                 |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
|   |  |          | San Antonio, 1    | X 78224   |                      |             |      |                 |       |                                     |                               |                |
| 8 | PURPOSE  | (a)      |                   |   |                      |             | (h)  | Description     |       |                                     |                               |                |
| ľ | OF   | (۵)      | Category (See C   |   | e top of this sche   | edule)      | (5)  |                 | outsi | de of Texas. Com                    | plete Schedule T.             |                |
|   | EXPENDITURE  |          | maver in Distri   | Ci  |                      |             |      | <b>=</b>        |       | officeholder living                 |                               |                |
|   |  |          |                   |   |                      |             |      | Staff fuel      |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
| 9 | Complete ONLY if direct  |          | Candidate/Officeh | older name  | 0                    | Office soug | ght  |                 |       | Office he                           | eld                           |                |
|   | expenditure to benefit C/OI  |          |                   |   |                      |             | -    |                 |       |                                     |                               |                |
| _ | Date   | Г        | Dovos rama        |   |                      |             |      |                 |       |                                     |                               |                |
|   |  |          | Payee name        |   |                      |             |      |                 |       |                                     |                               |                |
|   | 02/12/2024   |          | HEB Gas           |   |                      |             |      |                 |       |                                     |                               |                |
|   | Amount (\$)  |          | Payee address;    | City;   | State;               | Zip Co      | de   |                 |       |                                     |                               |                |
|   | \$102.07   |          | 6818 S Zarzar     | nora  |                      |             |      |                 |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
|   |  |          | San Antonio, 7    | X 78224   |                      |             |      |                 |       |                                     |                               |                |
|   | PURPOSE  | (a)      | Category (See C   | ategories listed at the   | e ton of this sche   | edule)      | (b)  | Description     |       |                                     |                               |                |
|   | OF   |          | Travel In Distri  |   | 0 100 01 11110 00110 | , au., b    |      | _ `             | outsi | de of Texas. Com                    | plete Schedule T.             |                |
|   | EXPENDITURE  |          |                   |   |                      |             |      | ш               | , TX, | officeholder living                 | g expense                     |                |
|   |  |          |                   |   |                      |             |      | Staff fuel      |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
|   | Complete ONLY if direct  |          | Candidate/Officeh | older name  | 0                    | office sou  | ght  |                 |       | Office he                           | eld                           |                |
|   | expenditure to benefit C/OI  | Н        |                   |   |                      |             |      |                 |       |                                     |                               |                |
|   | Date   |          | Payee name        |   |                      |             |      |                 |       |                                     |                               |                |
|   | 02/14/2024   |          | HEB Gas           |   |                      |             |      |                 |       |                                     |                               |                |
| _ | Amount (\$)  | $\vdash$ |                   | City  | State:               | Zip Co      | de   |                 |       |                                     |                               |                |
|   | ` ,  |          | Payee address;    | City;   | State,               | Zip C01     | ue   |                 |       |                                     |                               |                |
|   | \$53.86  |          | 6818 S Zarzar     | iula  |                      |             |      |                 |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
| L |  | L        | San Antonio, 1    | X 78224   |                      |             |      |                 |       |                                     |                               |                |
|   | PURPOSE  | (a)      | Category (See C   | ategories listed at the   | e top of this sche   | edule)      | (b)  | Description     |       |                                     |                               |                |
|   | OF<br>EXPENDITURE  |          | Travel In Distri  | ct  |                      |             |      | <b>=</b>        |       |                                     | plete Schedule T.             |                |
|   |  |          |                   |   |                      |             |      | _               | , TX, | officeholder living                 | g expense                     |                |
|   |  |          |                   |   |                      |             |      | Staff fuel      |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
|   | Complete ONLY if direct expenditure to benefit C/OI  |          | Candidate/Officeh | older name  | 0                    | office sou  | ght  |                 |       | Office h                            | eld                           |                |
| L | CAPETIGITUTE TO DETICITE C/OI  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 | _     |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |
|   |  |          |                   |   |                      |             |      |                 |       |                                     |                               |                |

### 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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.   |
|---|---|---|
| 1 | Total pages Schedule F1:                            |   |
|   | Sch: 18/57 Rpt: 32/73                               | Cortez, Philip (The Honorable) 00067628   |
| 4 | Date  | 5 Payee name  |
|   | 02/22/2024  | HEB Gas   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$58.48   | 6818 S Zarzamora  |
|   |   |   |
|   |   | San Antonio, TX 78224   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|   |   | Check if Austin, TX, officeholder living expense  Staff fuel  |
|   |   | Cian raci   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                          |   |
| ⊨ | Date  | Power name  |
|   | 02/28/2024  | Payee name HEB Gas  |
| _ |   |   |
|   | Amount (\$)<br>\$32.99                              | Payee address; City; State; Zip Code  |
|   | \$3∠.99   | 6818 S Zarzamora  |
|   |   | Com Antonia TV 70004  |
|   |   | San Antonio, TX 78224   |
|   | PURPOSE<br>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                          | <del>-</del>  |
| H | Date  | Payee name  |
|   | 03/04/2024  | HEB Gas   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$99.75   | 6818 S Zarzamora  |
|   | Ψ33.13  | 55-5 5  |
|   |   | San Antonio, TX 78224   |
|   | 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   |
|   | experience to beliefft C/Of                         | <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 Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

|            | Candidate/Officeholder/Politica<br>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 T        | otal pages Schedule F1:                                       | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| S          | Sch: 19/57 Rpt: 33/73   | Cortez, Philip (The Honorable) 00067628   |
| <b>4</b> D | Pate  | 5 Payee name  |
| 0          | 04/08/2024  | HEB   |
| 6 A        | mount (\$)  | 7 Payee address; City; State; Zip Code  |
|            | \$116.20  | 6818 S Zarzamora  |
|            |   |   |
|            |   | San Antonio, TX 78224   |
| 8          | PURPOSE<br>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 and supplies   |
|            |   | Starrius and Supplies   |
| <b>9</b> C | Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
|            | expenditure to benefit C/OI                                   |   |
| _          | ) oto   | Para a same   |
|            | Date  | Payee name  |
|            | 05/01/2024  | HEB   |
| A          | amount (\$)   | Payee address; City; State; Zip Code  |
|            | \$114.98  | 6818 S Zarzamora  |
|            |   |   |
|            |   | San Antonio, TX 78224   |
|            | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|            | OF<br>EXPENDITURE   | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|            | -   | Check if Austin, TX, officeholder living expense  |
|            |   | Staff fuel and supplies   |
| <u> </u>   | Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
|            | Complete <u>ONLY</u> if direct expenditure to benefit C/OI    |   |
| _          |   |   |
|            | Date  | Payee name  |
|            | 05/15/2024  | HEB   |
| Α          | mount (\$)  | Payee address; City; State; Zip Code  |
|            | \$62.21   | 6818 S Zarzamora  |
|            |   |   |
|            |   | San Antonio, TX 78224   |
|            | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|            | OF<br>EXPENDITURE   | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|            |   | Check if Austin, TX, officeholder living expense  |
|            |   | Staff fuel  |
| _          | Demonstrate ONE VIII.   | Ora didata (Office hadden granne  |
|            | Complete <u>ONLY</u> if direct<br>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<br>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: 20/57 Rpt: 34/73                                  | Cortez, Philip (The Honorable) 00067628  |
| 4        | Date   | 5 Payee name   |
|          | 05/29/2024   | HEB  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$92.02  | 6818 S Zarzamora   |
|          |  |  |
|          |  | San Antonio, TX 78224  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Staff fuel   |
|          |  | Star ruci  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| ľ        | expenditure to benefit C/OI                            |  |
| H        | Date   | Payee name   |
|          | 06/03/2024   | HEB  |
| H        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$54.38  | 6818 S Zarzamora   |
|          | Ψ04.30   | 0010 3 Zarzaniora  |
|          |  | Com Antonio TV 70004   |
| L        |  | San Antonio, TX 78224  |
|          | PURPOSE<br>OF  | (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.  |
|          | EXPENDITURE  | Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                    |
|          |  | Fuel   |
|          |  |  |
| Г        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            | 1  |
|          | Date   | Payee name   |
|          | 06/11/2024   | HEB  |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$99.67  | 6818 S Zarzamora   |
|          |  |  |
|          |  | San Antonio, TX 78224  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.  |
|          | 2/11/2/10/12   | Check if Austin, TX, officeholder living expense   |
|          |  | Staff fuel   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| 1        | expenditure to benefit C/OI                            |  |
| $\vdash$ |  |  |
|          |  |  |
|          |  |  |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

|   | Credit Card Payment  | The Instruction Guide explains how to complet  | te this form.   |
|---|--|--|---|
| 1 | Total pages Schedule F1:<br>Sch: 21/57 Rpt: 35/73          | FILER NAME     Cortez, Philip (The Honorable)  | 3 Filer ID (Ethics Commission Filers) 00067628  |
| 4 | Date<br>06/28/2024   | 5 Payee name<br>HEB  |   |
| 6 | Amount (\$)<br>\$62.74                                     | 7 Payee address; City; State; Zip Code<br>6818 S Zarzamora<br>San Antonio, TX 78224        |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Travel In District       | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff fuel         |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought  | Office held   |
|   | Date<br>06/13/2024   | Payee name<br>Hispanic Chamber of Commerce   |   |
|   | Amount (\$)<br>\$350.00                                    | Payee address; City; State; Zip Code 3006 General Hudnell Dr Acc Rd  San Antonio, TX 78226 |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Fees   | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership renewal |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |
|   | Date 01/08/2024  | Payee name<br>Host Gator   |   |
|   | Amount (\$)<br>\$23.44                                     | Payee address; City; State; Zip Code 5005 Mitchelldale, Suite #100                         |   |
|   |  | Houston, TX 77092  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Office Overhead/Rental Expense   | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign website   |
|   | 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

e Travel in Distri Travel Out of E Contract Labor OTHER (enter

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

|          | Candidate/Officeholder/Politica<br>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: 22/57 Rpt: 36/73                                  | Cortez, Philip (The Honorable) 00067628   |
| 4        | Date   | 5 Payee name  |
|          | 02/06/2024   | Host Gator  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$23.44  | 5005 Mitchelldale, Suite #100   |
|          |  |   |
|          |  | Houston, TX 77092   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Campaign website  |
|          |  | Campaigh website  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9        | expenditure to benefit C/O                             | - · · · · · · · · · · · · · · · · · · ·   |
| $\vdash$ | Date   | Dougo nama  |
|          | 03/06/2024   | Payee name  Host Gator  |
|          |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$23.80  | 5005 Mitchelldale, Suite #100   |
|          |  |   |
|          |  | Houston, TX 77092   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Campaign website  |
|          |  | Campaigh website  |
| _        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| _        | Data   | Davies same   |
|          | Date<br>04/08/2024                                     | Payee name  Host Gator  |
|          |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$23.80  | 5005 Mitchelldale, Suite #100   |
|          |  |   |
|          |  | Houston, TX 77092   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|          |  | Campaign website  |
|          |  | Campaign website  |
| _        | 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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 23/57 Rpt: 37/73 Cortez, Philip (The Honorable) 00067628 4 Date Payee name 02/16/2024 House LGBTQ caucus 6 Amount (\$) Payee address; State; Zip Code \$400.00 1100 Congress Avenue Austin, TX 78704 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Annual dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/24/2024 J. Alexander's Amount (\$) Payee address; City; State; Zip Code \$111.85 255 East Basse Rd. Suite 300 San Antonio, TX 78209 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/03/2024 J. Alexander's Amount (\$) Payee address: City; State; Zip Code \$237.41 255 East Basse Rd. Suite 300 San Antonio, TX 78209 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meeting 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

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<br>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: 24/57 Rpt: 38/73                                      | Cortez, Philip (The Honorable) 00067628  |   |
| 4 Date   | 5 Payee name   |   |
| 03/07/2024   | J12 Designs  |   |
| 6 Amount (\$)<br>\$240.00                                  | 7 Payee address; City; State; Zip Code 100 Taylor St  San Antonio, TX 78205  |   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   | _ |
| OF<br>EXPENDITURE  | Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign website   |   |
| Complete ONLY if direct<br>expenditure to benefit C/Oh     | Candidate/Officeholder name Office sought Office held  |   |
| Date   | Payee name   |   |
| 04/29/2024   | JVC Media, LLC   |   |
| Amount (\$)<br>\$334.49                                    | Payee address; City; State; Zip Code<br>9335 Lamerton  |   |
|  | San Antonio, TX 78250  |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Constituent give aways |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held  |   |
| Date   | Payee name   |   |
| 01/02/2024   | JVC Media, LLC   |   |
| Amount (\$)<br>\$2,273.25                                  | Payee address; City; State; Zip Code<br>9335 Lamerton  |   |
|  | San Antonio, TX 78250  |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent giveaways      |   |
| Complete ONLY if direct expenditure to benefit C/OF        | 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                                     | · · · · · · · · · · · · · · · · · · ·                            |
|---|---|---|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                            |
|   | Sch: 25/57 Rpt: 39/73                               | Cortez, Philip (The Honorable)  | 00067628   |
| 4 | Date  | 5 Payee name  | •  |
|   | 04/05/2024  | Jim's Restaurant  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |
|   | \$15.36   | 8311 Marbach Rd.  |  |
|   |   |   |  |
|   |   | San Antonio, TX 78227   |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Desc               | cription   |
|   | OF<br>EXPENDITURE                                   | 1 dod/Beverage Expense  | rheck if travel outside of Texas. Complete Schedule T.           |
|   |   | I — I —   | heck if Austin, TX, officeholder living expense<br>f meeting     |
|   |   | Star  | Thecang  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held  |
| ľ | expenditure to benefit C/O                          |   |  |
| H | Date  | Payee name  |  |
|   | 01/22/2024  | La Fogata Mexican Restaurant  |  |
| ┝ | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|   | \$93.60   | 2427 Vance Jackson  |  |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |   |  |
|   |   | San Antonio, TX 78213   |  |
| ┝ | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Desc               | crintian   |
|   | OF  |   | heck if travel outside of Texas. Complete Schedule T.            |
|   | EXPENDITURE   | □□□   | heck if Austin, TX, officeholder living expense                  |
|   |   | Staf  | f meeting  |
| L | Operation ONLY if allowed                           | Out distance (Office helder course  | Office held  |
|   | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought<br>H  | Office held  |
| H | Date  | Γ_  |  |
|   | Date<br>05/06/2024                                  | Payee name La Fogata Mexican Restaurant   |  |
| L |   | -   |  |
|   | Amount (\$) \$106.60                                | Payee address; City; State; Zip Code 2427 Vance Jackson                                 |  |
|   | φ100.00   | 2421 Valide SackSoff  |  |
|   |   | San Antonio, TX 78213   |  |
| L | PURPOSE   |   |  |
|   | OF  | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense | CTIPTION  Theck if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE   | 1 dod/Beverage Expense  | heck if Austin, TX, officeholder living expense                  |
|   |   | Staf  | f meeting  |
| L |   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/OI                         | 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/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: 26/57 Rpt: 40/73                               | Cortez, Philip (The Honorable) 00067628  |         |
| 4 | Date  | 5 Payee name   |         |
|   | 01/22/2024  | MailChimp  |         |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |         |
|   | \$98.07   | 512 Means Street   |         |
|   |   |  |         |
|   |   | Atlanta, GA 30318  |         |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |         |
| ľ | OF  | Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.                                   |         |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |         |
|   |   | E-blast  |         |
|   |   |  |         |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |         |
|   |   | ···  |         |
|   | Date  | Payee name   |         |
|   | 02/22/2024  | 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<br>EXPENDITURE                                   | Fees 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                         | <b>y</b>   |         |
| - | Date  | Para name  |         |
|   | 03/22/2024  | Payee name  MailChimp  |         |
|   |   | · · · · · · · · · · · · · · · · · · ·  |         |
|   | Amount (\$) \$98.07                                 | Payee address; City; State; Zip Code 512 Means Street  |         |
|   | φ90.07  | 312 Means Sheet  |         |
|   |   | Adams 04 20010   |         |
|   |   | Atlanta, GA 30318  |         |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T. |         |
|   | EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense            |         |
|   |   | E-blast  |         |
|   |   |  |         |
|   | 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

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

| l | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.   |   |
|---|---|---|---|
| 1 | Total pages Schedule F1:                            |   | _ |
|   | Sch: 27/57 Rpt: 41/73                               | Cortez, Philip (The Honorable) 00067628   |   |
| 4 | Date  | 5 Payee name  | _ |
|   | 04/22/2024  | MailChimp   |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  | _ |
|   | \$98.07   | 512 Means Street  |   |
|   |   |   |   |
|   |   | Atlanta, GA 30318   |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  | _ |
|   | OF<br>EXPENDITURE                                   | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
|   | LXI LINDITORE                                       | Check if Austin, TX, officeholder living expense  |   |
|   |   | E-blast   |   |
| Ļ | Complete ONL V if direct                            | Condidate/Officeholder name Office sought Office hold   |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held   |   |
| ┡ |   |   | _ |
|   | Date  | Payee name  |   |
|   | 05/22/2024  | MailChimp   |   |
| l | 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<br>EXPENDITURE                                   | Fees 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/O                          |   |   |
| H | Date  | Davisa nama   | = |
|   | 06/24/2024  | Payee name  MailChimp   |   |
| L |   | ·   |   |
|   | Amount (\$)<br>\$98.07                              | Payee address; City; State; Zip Code<br>512 Means Street  |   |
|   | Ф90.07  | 512 Medis Sueet   |   |
|   |   | Attack 04 00040   |   |
|   |   | Atlanta, GA 30318   |   |
|   | PURPOSE<br>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 Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                             |   |
|   |   | E-blast   |   |
|   |   |   |   |
| H | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/O                          |   |   |
| H |   |   |   |
|   |   |   |   |
| L |   |   |   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

|   | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |     | mmittee                      | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Edgal Services<br>The Instruction Guid | xpense           | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/W | pense<br>pense<br>xpens<br>/ages | se<br>s/Contract Labor |       | Travel in District<br>Travel Out of Dis      | quipment & Related Expense |
|---|--|-----|------------------------------|--|------------------|---|----------------------------------|------------------------|-------|--|----------------------------|
| Ļ | Tatalanana C. I. I. T.   | _   | EU ED MANTE                  |  | ac explains I    | .500 10 00  | pie                              | ote tilis itilii.      | _     | E315   | (Ethica Commission Ethica) |
| 1 | Total pages Schedule F1:<br>Sch: 28/57 Rpt: 42/73  | 2   |                              | E<br>ip (The Honorable   | e)               |   |                                  |                        | 3     | Filer ID<br>00067628                         | (Ethics Commission Filers) |
| 4 | Date   | 5   | Payee name                   |  |                  |   |                                  |                        |       |  |                            |
| Ĺ | 05/23/2024   | Ĺ   | Mariachi Za                  | catecano   |                  |   |                                  |                        |       |  |                            |
| 6 | Amount (\$)<br>\$550.00  | 7   |                              | ss; City;<br>hth Zarzamora Str<br>o , TX 78224   | ·                | Zip Co  | de                               |                        |       |  |                            |
| 8 | PURPOSE<br>OF<br>EXPENDITURE   | (a) |                              | ee Categories listed at the  | top of this sche | edule)  | (b)                              |                        | , TX, | de of Texas. Composition officeholder living |                            |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh   |     | Candidate/Offi               | ceholder name  | 0                | ffice sou   | ght                              |                        |       | Office he                                    | eld                        |
|   | Date   |     | Payee name                   |  |                  |   |                                  |                        |       |  |                            |
|   | 04/11/2024   |     | Marriot Rive                 | erwalk   |                  |   |                                  |                        |       |  |                            |
|   | Amount (\$)  |     | Payee addres                 |  | State;           | Zip Co  | de                               |                        |       |  |                            |
|   | \$81.18  |     | 889 E Mark                   | et St  |                  |   |                                  |                        |       |  |                            |
|   |  |     | 275                          |  |                  |   |                                  |                        |       |  |                            |
|   |  |     | San Antonio                  | o, TX 78205  |                  |   |                                  |                        |       |  |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) | Category (Se<br>Fees         | ee Categories listed at the  | top of this sche | edule)  | (b)                              |                        |       | de of Texas. Composition officeholder living |                            |
|   | Complete ONLY if direct expenditure to benefit C/OF  |     | Candidate/Offi               | ceholder name  | 0                | office sou  | ght                              |                        |       | Office he                                    | eld                        |
|   | Date   |     | Payee name                   |  |                  |   |                                  | -                      |       |  |                            |
|   | 04/29/2024   |     | Marriott                     |  |                  |   |                                  |                        |       |  |                            |
|   | Amount (\$)<br>\$274.63  |     | Payee addres                 | ss; City;<br>r Chavez St   | State;           | Zip Co  | de                               |                        |       |  |                            |
|   |  |     | Austin, TX 7                 | 78701  |                  |   |                                  |                        |       |  |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) | Category (Se<br>Travel Out o | ee Categories listed at the<br>of District   | top of this sche | edule)  | (b)                              |                        |       | de of Texas. Comp                            |                            |
|   | Complete ONLY if direct expenditure to benefit C/OF  |     | Candidate/Offi               | ceholder name  | 0                | office sou  | ght                              |                        |       | Office he                                    | eld                        |
|   |  |     |                              |  |                  |   |                                  |                        |       |  |                            |

#### 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:<br>Sch: 29/57 Rpt: 43/73   | 2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628  |
| 4 | Date 02/26/2024                                     | 5 Payee name<br>Microsoft   |
| 6 | Amount (\$)<br>\$162.39                             | 7 Payee address; City; State; Zip Code 1 Microsoft Way  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | Redmond, WA 98052  (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 Subscription                  |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>04/10/2024                                  | Payee name<br>Microsoft   |
|   | Amount (\$)<br>\$75.76                              | Payee address; City; State; Zip Code  1 Microsoft Way  Redmond, WA 98052  |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Annual subscription |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | Date 03/07/2024                                     | Payee name<br>Monarch Trophy  |
|   | Amount (\$)<br>\$1,079.79                           | Payee address; City; State; Zip Code<br>16227 San Pedro Ave   |
|   |   | San Antonio, TX 78232   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fiesta Medals           |
|   | 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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |          | mmittee          | Legal Services           | S                     |          | ages  | /Contract Labor  |       | OTHER (enter a     | a category not listed abov | re)       |
|---|--|----------|------------------|--------------------------|-----------------------|----------|-------|------------------|-------|--------------------|----------------------------|-----------|
|   |  |          |                  | The Instruction G        | uide explains ho      | w to con | nple  | ete this form.   |       |                    |                            |           |
| 1 | Total pages Schedule F1:                               | 2        | FILER NAME       |                          |                       |          |       |                  | 3     | Filer ID           | (Ethics Commissio          | n Filers) |
|   | Sch: 30/57 Rpt: 44/73                                  |          | Cortez, Phili    | p (The Honoral           | ole)                  |          |       |                  |       | 00067628           |                            |           |
| 4 | Date   | 5        | Payee name       |                          |                       |          |       |                  |       |                    |                            |           |
|   | 04/19/2024   |          | Monarch Tro      | ophy                     |                       |          |       |                  |       |                    |                            |           |
| 6 | Amount (\$)  | 7        | Payee addres     |                          | State; 2              | Zin Cor  | de    |                  |       |                    |                            |           |
| ľ | \$1,079.80   | ľ        | 16227 San F      |                          | State, 1              | Zip C00  | uc    |                  |       |                    |                            |           |
|   | Ψ1,079.00  |          | 10221 Jan 1      | - eulo Ave               |                       |          |       |                  |       |                    |                            |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
|   |  |          | San Antonio      | , TX 78232               |                       |          |       |                  |       |                    |                            |           |
| 8 | PURPOSE  | (a)      | Category (Se     | e Categories listed at t | he top of this schedu | ule)     | (b)   | Description      |       |                    |                            |           |
|   | OF<br>EXPENDITURE                                      |          | Gift/Awards/     | Memorials Exp            | ense                  |          |       | 브                |       |                    | nplete Schedule T.         |           |
|   | ZA ZIIDII GIAZ   |          |                  |                          |                       |          |       | <u> </u>         |       | officeholder livin | g expense                  |           |
|   |  |          |                  |                          |                       |          |       | Fiesta medals    | S     |                    |                            |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    |          | Candidate/Offic  | ceholder name            | Offi                  | ice soug | ght   |                  |       | Office h           | eld                        |           |
|   | experiulture to beliefit C/Oi                          |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
|   | Date   |          | Payee name       |                          |                       |          |       |                  |       |                    |                            |           |
|   | 03/19/2024   |          | NALEO Edu        | cation Fund              |                       |          |       |                  |       |                    |                            |           |
|   | Amount (\$)  | H        | Payee addres     | ss; City;                | State; 2              | Zip Cod  | de    |                  |       |                    |                            |           |
|   | \$950.00   |          | 1122 West \      | Washington Bo            | ulevard               | ·        |       |                  |       |                    |                            |           |
|   | ,  |          |                  | 3                        |                       |          |       |                  |       |                    |                            |           |
|   |  |          | Loc Angolor      | CA 0001E                 |                       |          |       |                  |       |                    |                            |           |
|   |  | L        | Los Angeles      |                          |                       | 1        |       |                  |       |                    |                            |           |
|   | PURPOSE<br>OF  | (a)      |                  | e Categories listed at t | he top of this schedu | ule)     | (b)   | Description      |       | d4.T O             | antata Cabandula T         |           |
|   | EXPENDITURE  |          | Fees             |                          |                       |          |       | <b>=</b>         |       | officeholder livin | nplete Schedule T.         |           |
|   |  |          |                  |                          |                       |          |       | Conference for   |       |                    | g oxponee                  |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
| _ | Complete ONLY if direct                                | <u> </u> | Candidate/Offic  | reholder name            | Offi                  | ice soug | thr   |                  |       | Office h           | eld                        |           |
|   | expenditure to benefit C/OI                            |          | Janara ato, O me | oriolaer name            | O                     | .00 0046 | J     |                  |       | 01110011           | o i u                      |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
|   | Date   |          | Payee name       |                          |                       |          |       |                  |       |                    |                            |           |
|   | 02/14/2024   |          | Northwest D      | emocrats                 |                       |          |       |                  |       |                    |                            |           |
|   | Amount (\$)  |          | Payee addres     | ss; City;                | State;                | Zip Coo  | de    |                  |       |                    |                            |           |
|   | \$250.00   |          | 5403 Jackw       | ood Dr                   |                       |          |       |                  |       |                    |                            |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
|   |  |          | San Antonio      | , TX 78238               |                       |          |       |                  |       |                    |                            |           |
|   | PURPOSE  | (a)      | Category (so     | e Categories listed at t | ho ton of this sohod  | ulo)     | (b)   | Description      |       |                    |                            |           |
|   | OF   | ``       | Advertising I    |                          | ne top of this scried | uie)     | ( - , |                  | outsi | de of Texas. Cor   | nplete Schedule T.         |           |
|   | EXPENDITURE  |          | , avortioning i  | _хропоо                  |                       |          |       | Check if Austin, | , TX, | officeholder livin | g expense                  |           |
|   |  |          |                  |                          |                       |          |       | Program ad       |       |                    |                            |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
|   | Complete ONLY if direct                                |          | Candidate/Offic  | ceholder name            | Offi                  | ice soug | ght   |                  |       | Office h           | eld                        |           |
|   | expenditure to benefit C/OI                            | Н        |                  |                          |                       |          |       |                  |       |                    |                            |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
|   |  |          |                  |                          |                       |          |       |                  |       |                    |                            |           |
| 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 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: 31/57 Rpt: 45/73                               | Cortez, Philip (The Honorable)   | 00067628  |
| 4 | Date  | 5 Payee name   |   |
|   | 02/15/2024  | Office Depot   |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |
|   | \$647.27  | 119 SW Military  |   |
|   |   |  |   |
|   |   | San Antonio, TX 78245  |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |   |
|   | OF<br>EXPENDITURE                                   | Office Overficad/Nertical Expense  | l outside of Texas. Complete Schedule T.  |
|   |   | Supplies   | in, TX, officeholder living expense   |
|   |   | Сиррпо   |   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/OI                         |  |   |
| _ | Date  | Payee name   |   |
|   | 03/29/2024  | Office Depot   |   |
| _ | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$8.49  | 119 SW Military  |   |
|   | 40.10   | 110 GV William   |   |
|   |   | San Antonio, TX 78245  |   |
|   | PURPOSE   |  |   |
|   | OF  | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense | l outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | Onice Overnead/Nertial Expense   | in, TX, officeholder living expense   |
|   |   | Supplies   |   |
|   |   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit eroi                         |  |   |
|   | Date  | Payee name   |   |
|   | 04/03/2024  | Office Depot   |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$33.85   | 119 SW Military  |   |
|   |   |  |   |
|   |   | San Antonio, TX 78245  |   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |   |
|   | EXPENDITURE   | Office Overficad/Nertial Expense   | l outside of Texas. Complete Schedule T.<br>in, TX, officeholder living expense |
|   |   | Supplies   | iii, 17, onicenduel living expense  |
|   |   | 3464.53  |   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/OI                         | Н  |   |
|   |   |  |   |
|   |   |  |   |
| 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 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 F   | Filer ID (Ethics Commission Filers)                           |
|          | Sch: 32/57 Rpt: 46/73                               | Cortez, Philip (The Honorable)   | 00067628  |
| 4        | Date  | 5 Payee name   |   |
| l        | 04/22/2024  | Olive Garden   |   |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |
|          | \$148.64  | 7811 IH 35 S   |   |
| l        |   |  |   |
| l        |   | San Antonio, TX 78224  |   |
| 8        | PURPOSE   | <u> </u>   |   |
| ľ        | OF  |  | e of Texas. Complete Schedule T.                              |
|          | EXPENDITURE   | Check if Austin, TX, o   | officeholder living expense                                   |
| l        |   | Staff meeting  |   |
|          |   |  |   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |
|          | experialture to beliefit C/OI                       | // I   |   |
| Г        | Date  | Payee name   |   |
| l        | 02/16/2024  | Paesanos Quarry  |   |
|          | Amount (\$)   | Payee address; City; State; Zip Code   |   |
| l        | \$55.00   | 555 E Basse  |   |
|          |   | Suite 100  |   |
|          |   | San Antonio, TX 78209  |   |
| H        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
| l        | OF<br>EXPENDITURE                                   | Food/Beverage Expense  | e of Texas. Complete Schedule T.                              |
| l        | LAFLINDITORL  |  | fficeholder living expense                                    |
|          |   | Staff meeting  |   |
| ┡        | Complete ONLY if direct                             | Condidate Office halder some   | Office held   |
| l        | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought OH                                     | Office held   |
| ⊨        |   | <u> </u>   |   |
| l        | Date  | Payee name   |   |
| L        | 03/01/2024  | Paesanos Quarry  |   |
| l        | Amount (\$)   | Payee address; City; State; Zip Code   |   |
| l        | \$145.39  | 555 E Basse  |   |
| l        |   | Suite 100  |   |
|          |   | San Antonio, TX 78209  |   |
| l        | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
| l        | EXPENDITURE   | 1 000/beverage Expense   | e of Texas. Complete Schedule T.  officeholder living expense |
| l        |   | Staff meeting  | micerolaer living expense                                     |
|          |   |  |   |
| $\vdash$ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held   |
|          | expenditure to benefit C/OI                         |  | - 122 11212   |
| $\vdash$ |   |  |   |
|          |   |  |   |
| 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

| l | Credit Card Payment                                | The Instruction Guide explains how to com  | plet | te this form.  |
|---|--|--|------|--|
| 1 | Total pages Schedule F1:<br>Sch: 33/57 Rpt: 47/73  | 2 FILER NAME<br>Cortez, Philip (The Honorable)   |      | 3 Filer ID (Ethics Commission Filers) 00067628   |
| 4 | Date 03/28/2024                                    | 5 Payee name<br>Paesanos Quarry  |      |  |
| 6 | Amount (\$)<br>\$89.44                             | 7 Payee address; City; State; Zip Cod<br>555 E Basse<br>Suite 100<br>San Antonio, TX 78209 | е    |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense    |      | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff Meeting |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug  | ht   | Office held  |
|   | Date 04/17/2024                                    | Payee name<br>Paesanos Quarry  |      |  |
|   | Amount (\$)<br>\$169.31                            | Payee address; City; State; Zip Cod<br>555 E Basse<br>Suite 100<br>San Antonio, TX 78209   | е    |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense    |      | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff meeting |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug  | ht   | Office held  |
|   | Date 01/17/2024                                    | Payee name<br>Papasito's   |      |  |
|   | Amount (\$)<br>\$167.20                            | Payee address; City; State; Zip Cod<br>10501 I-10  | е    |  |
|   |  | San Antonio, TX 78230  |      |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense     |      | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff meeting |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug  | ht   | 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: 34/57 Rpt: 48/73                               | Cortez, Philip (The Honorable) 00067628  |
| 4 | Date  | 5 Payee name   |
|   | 06/17/2024  | Papasito's   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$140.63  | 10501 I-10   |
|   |   |  |
|   |   | San Antonio, TX 78230  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |
|   | LAFLINDITORL  | Check if Austin, TX, officeholder living expense   |
|   |   | Staff meeting  |
| _ | Operation ONE V if dispose                          | Open Highest Office health and a second to the second to t |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   | ·<br>   |  |
|   | Date  | Payee name   |
|   | 03/29/2024  | Pappadeaux   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$120.24  | 76 NE Lop 410  |
|   |   |  |
|   |   | San Antonio, TX 78216  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>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   |
|   |   | Staff meeting  |
|   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          |  |
|   | Date  | Payee name   |
|   | 04/12/2024  | Patty's Taco House   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$72.38   | 2422 S Hackberry   |
|   | ,   |  |
|   |   | San Antonio, TX 78210  |
|   | 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   |
|   |   | Staff meeting  |
|   |   |  |
|   | 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

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: 35/57 Rpt: 49/73       | Cortez, Philip (The Honorable) 00067628   |   |
| 4 | Date                        | 5 Payee name  | _ |
|   | 06/30/2024                  | Piryx   |   |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code  | _ |
|   | \$151.15                    | 995 Market Street   |   |
|   |                             |   |   |
|   |                             | San Francisco, CA 94103   |   |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description  | _ |
|   | OF<br>EXPENDITURE           | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
|   |                             | Check if Austin, TX, officeholder living expense Online donation fees   |   |
|   |                             | Offilite doffation fees   |   |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   |   |
|   | expenditure to benefit C/OI |   |   |
| ⊨ | Data                        |   | = |
|   | Date                        | Payee name  |   |
| L | 01/11/2024                  | Pluckers  | _ |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |   |
|   | \$98.41                     | 15651 McDermott Freeway, I-10   |   |
|   |                             |   |   |
|   |                             | San Antonio, TX 78249   |   |
|   | PURPOSE<br>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   |   |
|   |                             | Ctail mosting   |   |
| ⊢ | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/OI |   |   |
| F | Date                        | Payee name  | - |
|   | 06/17/2024                  | QT  |   |
| ┝ | Amount (\$)                 | Payee address; City; State; Zip Code  | _ |
|   | \$58.19                     | 310 San Pedro Ave   |   |
|   | ,,,,,                       |   |   |
|   |                             | San Antonio, TX 78212   |   |
| ┝ | PURPOSE                     | To a  | _ |
|   | OF                          | (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. |   |
|   | EXPENDITURE                 | Check if Austin, TX, officeholder living expense  |   |
|   |                             | Fuel  |   |
| L |                             |   |   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   |   |
| L | expenditure to benefit C/OI | 1   |   |
|   |                             |   |   |
|   |                             |   |   |
|   |                             |   |   |

#### 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<br>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: 36/57 Rpt: 50/73                                      | Cortez, Philip (The Honorable) 00067628  |   |
| 4 Date   | 5 Payee name   |   |
| 01/09/2024   | RJ Publications  |   |
| 6 Amount (\$)<br>\$200.00                                  | 7 Payee address; City; State; Zip Code PO Box 1692  Helotes, TX 78023  |   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE  | Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Basketball program ad   |   |
| Complete ONLY if direct<br>expenditure to benefit C/OF     | Candidate/Officeholder name Office sought Office held  |   |
| Date   | Payee name   |   |
| 05/09/2024   | RJ Publications  |   |
| Amount (\$)<br>\$350.00                                    | Payee address; City; State; Zip Code PO Box 1692   |   |
|  | Helotes, TX 78023  |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  UIL program  |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held  |   |
| Date<br>02/05/2024   | Payee name<br>Reinhard, Hannah   |   |
| Amount (\$)<br>\$500.00                                    | Payee address; City; State; Zip Code 227 DWYER AVE 275 San Antonio, TX 78204   |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | (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. Check if Austin, TX, officeholder living expense Salary |   |
| Complete ONLY 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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Mac Candidate/Officeholder/Po |   |
|---|---|
| 1 Total pages Schedule F  |   |
| Sch: 37/57 Rpt: 51/7  |   |
| 4 Date 02/20/2024   | 5 Payee name<br>Reinhard, Hannah  |
| 6 Amount (\$)<br>\$458.0  | 7 Payee address; City; State; Zip Code 227 DWYER AVE 275 San Antonio, TX 78204  |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (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.  Check if Austin, TX, officeholder living expense  Reimbursement |
| 9 Complete ONLY if direct expenditure to benefit C                        |   |
| Date  | Payee name  |
| 03/27/2024  | Reinhard, Hannah  |
| Amount (\$)<br>\$358.   | Payee address; City; State; Zip Code  227 DWYER AVE 275 San Antonio, TX 78204   |
| PURPOSE<br>OF<br>EXPENDITURE  | (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.  Check if Austin, TX, officeholder living expense  Reimbursement |
| Complete <u>ONLY</u> if direct expenditure to benefit C                   |   |
| Date  | Payee name  |
| 05/30/2024  | Reinhard, Hannah  |
| Amount (\$)<br>\$673.3  | Payee address; City; State; Zip Code  227 DWYER AVE  275  San Antonio, TX 78204   |
| PURPOSE<br>OF<br>EXPENDITURE  | (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.  Check if Austin, TX, officeholder living expense  Reimbursment   |
| Complete <u>ONLY</u> if direct expenditure to benefit (                   |   |
|   |   |

#### 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 co                     | omple     | ete this form.   |
|---|-----------------------------|----------|--|-----------|--|
| 1 | Total pages Schedule F1:    | 2        | FILER NAME   |           | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 38/57 Rpt: 52/73       |          | Cortez, Philip (The Honorable)                               |           | 00067628   |
| 4 | Date                        | 5        | Payee name   |           | •  |
|   | 06/13/2024                  |          | Reinhard, Hannah   |           |  |
| 6 | Amount (\$)                 | 7        | Payee address; City; State; Zip C                            | ode       |  |
|   | \$691.52                    |          | 227 DWYER AVE  |           |  |
|   |                             |          | 275  |           |  |
|   |                             |          | San Antonio, TX 78204  |           |  |
| 8 | PURPOSE                     | (a       | Category (See Categories listed at the top of this schedule) | (b)       | Description  |
|   | OF<br>EXPENDITURE           |          | Salaries/Wages/Contract Labor                                |           | Check if travel outside of Texas. Complete Schedule T.   |
|   |                             |          |  |           | Check if Austin, TX, officeholder living expense  Reimbursement  |
|   |                             |          |  |           | Treimbarsement   |
| 9 | Complete ONLY if direct     | _        | Candidate/Officeholder name Office so                        | l<br>Jaht | Office held  |
|   | expenditure to benefit C/OI | Н        |  | J         |  |
|   | Date                        | Π        | Payee name   |           |  |
|   | 06/27/2024                  |          | Reinhard, Hannah   |           |  |
|   | Amount (\$)                 | T        | Payee address; City; State; Zip C                            | ode       |  |
|   | \$440.00                    |          | 227 DWYER AVE  |           |  |
|   |                             |          | 275  |           |  |
|   |                             |          | San Antonio, TX 78204  |           |  |
|   | PURPOSE                     | (a       | Category (See Categories listed at the top of this schedule) | (b)       | Description  |
|   | OF<br>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     | <u> </u> | Candidate/Officeholder name Office so                        | ıaht      | Office held  |
|   | expenditure to benefit C/OI |          |  | .g        | 5655.4   |
|   | Date                        | Τ        | Payee name   |           |  |
|   | 03/05/2024                  |          | Rodriguez, Clarissa (Miss)                                   |           |  |
|   | Amount (\$)                 | H        | Payee address; City; State; Zip C                            | ode       |  |
|   | \$150.00                    |          | 7562 Tantara Ct.   |           |  |
|   |                             |          |  |           |  |
|   |                             |          | San Antonio, TX 78249  |           |  |
|   | PURPOSE                     | (a       | Category (See Categories listed at the top of this schedule) | (b)       | Description  |
|   | OF<br>EXPENDITURE           |          | Salaries/Wages/Contract Labor                                |           | Check if travel outside of Texas. Complete Schedule T.   |
|   |                             |          |  |           | Check if Austin, TX, officeholder living expense  Reimbursement  |
|   |                             |          |  |           | . Comparison on the control of the c |
|   | Complete ONLY if direct     |          | Candidate/Officeholder name Office so                        | l<br>ught | Office held  |
|   | expenditure to benefit C/OI |          | -  | 5         |  |
|   |                             |          |  |           |  |

#### 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: 39/57 Rpt: 53/73                               | Cortez, Philip (The Honorable) 00067628   |
| 4 | Date  | 5 Payee name  |
|   | 03/27/2024  | Rodriguez, Clarissa (Miss)  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$150.00  | 7562 Tantara Ct.  |
|   |   |   |
|   |   | San Antonio, TX 78249   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| ľ | OF  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   |   | Reimbursement   |
|   |   |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | experientare to benefit 6/61                        |   |
|   | Date  | Payee name  |
|   | 04/15/2024  | Rodriguez, Clarissa (Miss)  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$98.59   | 7562 Tantara Ct.  |
|   |   |   |
|   |   | San Antonio, TX 78249   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor   |
|   | LXI LINDITORE                                       | Check if Austin, TX, officeholder living expense  |
|   |   | Reimbursement   |
| L | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                          |   |
|   | D-4-  |   |
|   | Date<br>05/10/2024                                  | Payee name  Padriguez, Claricae (Micc)  |
|   |   | Rodriguez, Clarissa (Miss)  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$80.00   | 7562 Tantara Ct.  |
|   |   |   |
|   |   | San Antonio, TX 78249   |
|   | PURPOSE<br>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   |
|   |   |   |
| H | 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 -

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<br>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: 40/57 Rpt: 54/73                                  | Cortez, Philip (The Honorable) 00067628   |
| 4 | Date   | 5 Payee name  |
|   | 06/27/2024   | Rodriguez, Clarissa (Miss)  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$158.25   | 7562 Tantara Ct.  |
|   |  |   |
|   |  | San Antonio, TX 78249   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  Reimbursement   |
|   |  | Reimbursement   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/OI                            |   |
|   | Date   | Davisa nama   |
|   | 02/23/2024   | Payee name<br>Rosario's Mexican Cafe  |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$75.80  | 910 S. Alamo  |
|   |  |   |
|   |  | San Antonio, TX 78205   |
|   | PURPOSE<br>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 sought Office held   |
|   | expenditure to benefit C/OI                            | 1   |
|   | Date   | Payee name  |
|   | 05/03/2024   | Sam's Club  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$54.08  | 3150 SW Military Dr   |
|   |  |   |
|   |  | San Antonio, TX 78224   |
|   | PURPOSE  |   |
|   | OF   | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|   |  | Supplies  |
|   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
|   | experiorale to belieff C/OI                            | '   |
|   |  |   |
|   |  |   |

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment  | The Instruction Guide explains how to complete                                    | te this form.   |
|---|--|---|---|
| 1 | Total pages Schedule F1:<br>Sch: 41/57 Rpt: 55/73          | FILER NAME     Cortez, Philip (The Honorable)                                     | 3 Filer ID (Ethics Commission Filers) 00067628  |
| 4 | Date 01/16/2024  | 5 Payee name<br>Shell   |   |
| 6 | Amount (\$)<br>\$90.34                                     | 7 Payee address; City; State; Zip Code 2315 SW 36th Street  San Antonio, TX 78237 |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | Travel In District  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff fuel |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought   | Office held   |
|   | Date<br>04/08/2024   | Payee name<br>Shell   |   |
|   | Amount (\$)<br>\$77.60                                     | Payee address; City; State; Zip Code 5815 S Pan Am Exprwy  San Antonio, TX 78211  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Travel In District  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff fuel |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought   | Office held   |
|   | Date<br>04/26/2024   | Payee name<br>Shell   |   |
|   | Amount (\$)<br>\$77.25                                     | Payee address; City; State; Zip Code 5815 S Pan Am Exprwy                         |   |
|   |  | San Antonio, TX 78211   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Travel In District  | 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   |
|   |  |   |   |

#### 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<br>Credit Card Payment | al Comn | mittee                                   | Legal Servi |                    | e explains      |            |     | /Contract Labor<br>ete this form.  |        | ОТН      | ER (enter a  | category n | ot listed above)   |
|---|--|---------|--|-------------|--------------------|-----------------|------------|-----|--|--------|----------|--------------|------------|--------------------|
| 1 | Total pages Schedule F1:                               | 2 F     | ILER NAME                                |             |                    |                 |            |     |  | 3      | File     | r ID         | (Ethics    | Commission Filers) |
|   | Sch: 42/57 Rpt: 56/73                                  |         | Cortez, Phili                            | ip (The I   | Honorable          | <del>!</del> )  |            |     |  |        | 000      | 67628        |            |                    |
| 4 | Date   | 5 F     | Payee name                               |             |                    |                 |            |     |  |        |          |              |            |                    |
|   | 06/14/2024   | 5       | Shell                                    |             |                    |                 |            |     |  |        |          |              |            |                    |
| 6 | Amount (\$)<br>\$46.18                                 | 5       | Payee addres<br>5815 S Pan               | Am Exp      | -                  | State;          | ; Zip Co   | de  |  |        |          |              |            |                    |
|   |  | 5       | San Antonic                              | o, TX 78    | 211                |                 |            |     |  |        |          |              |            |                    |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                           |         | Category <sub>(Se</sub><br>Fravel In Dis |             | es listed at the t | top of this sch | edule)     | (b) | Description  Check if travel  Check if Austin  Staff fuel                |        |          |              |            | dule T.            |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    |         | andidate/Offic                           | ceholder    | name               | C               | Office sou | ght |  |        |          | Office h     | eld        |                    |
|   | Date   | F       | Payee name                               |             |                    |                 |            |     |  |        |          |              |            |                    |
|   | 06/25/2024   |         | Shell                                    |             |                    |                 |            |     |  |        |          |              |            |                    |
|   | Amount (\$)  | F       | Payee addres                             | ss; C       | ity;               | State:          | ; Zip Co   | de  |  |        |          |              |            |                    |
|   | \$57.12  |         | 5815 S Pan                               |             | •                  |                 | , ,        |     |  |        |          |              |            |                    |
|   |  | 5       | San Antonic                              | o, TX 78    | 211                |                 |            |     |  |        |          |              |            |                    |
|   | PURPOSE<br>OF<br>EXPENDITURE                           |         | Category <sub>(Se</sub><br>Fravel In Dis |             | es listed at the t | op of this sch  | edule)     | (b) | Description Check if travel Check if Austin Staff fuel                   |        |          |              |            | dule T.            |
|   | Complete ONLY if direct expenditure to benefit C/OI    |         | andidate/Offic                           | ceholder    | name               | C               | Office sou | ght |  |        |          | Office h     | eld        |                    |
|   | Date   | F       | Payee name                               |             |                    |                 | -          |     |  |        |          |              |            |                    |
|   | 06/17/2024   | 5       | Southwest A                              | Airlines    |                    |                 |            |     |  |        |          |              |            |                    |
|   | Amount (\$)  | F       | Payee addres                             | ss; C       | ity;               | State;          | ; Zip Co   | de  |  |        |          |              |            |                    |
|   | \$970.97   | 2       | 2702 Love F                              | Field Dri   | ve                 |                 |            |     |  |        |          |              |            |                    |
|   |  |         | Dallas , TX                              | 75235       |                    |                 |            |     |  |        |          |              |            |                    |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | 1       | Category <sub>(Se</sub><br>Event Expei   |             | es listed at the t | top of this sch | edule)     | (b) | Description    X   Check if travel     Check if Austin     Travel for NA | n, TX, | , office | holder livin | g expense  | dule T.            |
|   | Complete ONLY if direct expenditure to benefit C/OI    |         | andidate/Offic                           | ceholder    | name               | (               | Office sou | ght |  |        |          | Office h     | eld        |                    |

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>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: 43/57 Rpt: 57/73                                      | Cortez, Philip (The Honorable) 00067628   |
| 4 | Date   | 5 Payee name  |
|   | 01/02/2024   | Spectrum Cable  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$114.01   | 1900 Blue Crest Ln  |
|   |  |   |
|   |  | San Antonio, TX 78247   |
| 8 | PURPOSE<br>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  |
|   |  | 2 5 Gable   |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/O                                 |   |
| _ | Data   |   |
|   | Date   | Payee name  |
|   | 01/30/2024   | Spectrum Cable  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$114.01   | 1900 Blue Crest Ln  |
|   |  |   |
|   |  | San Antonio, TX 78247   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>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  |
| _ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |   |
| _ | _  |   |
|   | Date   | Payee name  |
|   | 03/04/2024   | Spectrum Cable  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$114.14   | 1900 Blue Crest Ln  |
|   |  |   |
|   |  | San Antonio, TX 78247   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |
|   | ZA ZABITORZ  | Check if Austin, TX, officeholder living expense  |
|   |  | DO cable  |
| _ | Complete ONII V if allows:                                 | Condidate/Officeholder name   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   |  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

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

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

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

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

|          | Candidate/Officeholder/Politica<br>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)   |
|          | Sch: 44/57 Rpt: 58/73                                  | Cortez, Philip (The Honorable) 00067628  |
| 4        | Date   | 5 Payee name   |
|          | 04/01/2024   | Spectrum Cable   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$115.89   | 1900 Blue Crest Ln   |
|          |  |  |
|          |  | San Antonio, TX 78247  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  DO cable   |
|          |  | Do capie   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| ľ        | expenditure to benefit C/O                             |  |
| F        | Date   | Payee name   |
|          | 05/01/2024   | Spectrum Cable   |
| H        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$115.89   | 1900 Blue Crest Ln   |
|          |  |  |
|          |  | San Antonio, TX 78247  |
|          | PURPOSE<br>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   |
|          |  |  |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             | H  |
| F        | Date   | Payee name   |
|          | 05/31/2024   | Spectrum Cable   |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$115.89   | 1900 Blue Crest Ln   |
|          |  |  |
|          |  | San Antonio, TX 78247  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense   |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | DO Cable   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             | · · · · · · · · · · · · · · · · · · ·  |
| $\vdash$ |  |  |
|          |  |  |
| ı        |  |  |

#### SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

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

|   | 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: 45/57 Rpt: 59/73                                     | Cortez, Philip (The Honorable) 00067628  |
| 4 | Date  | 5 Payee name   |
|   | 01/02/2024  | T-Mobile   |
| 6 | Amount (\$) \$33.34                                       | 7 Payee address; City; State; Zip Code 3625 132nd Avenue Southeast Bellevue  |
| _ | DUDDOGE   | Bellevue, WA 98006   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign phone |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held  |
|   | Date  | Payee name   |
|   | 06/10/2024  | Texas Democratic Party   |
|   | Amount (\$)<br>\$2,500.00                                 | Payee address; City; State; Zip Code 1106 Lavaca, STE 100  |
|   |   | Austin, TX 78701   |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sponsorship              |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought Office held  |
|   | Date  | Payee name   |
|   | 01/29/2024  | Texas Diaper Bank  |
|   | Amount (\$) \$103.20                                      | Payee address; City; State; Zip Code Address: 1803 Grandstand Dr #150  |
|   |   | San Antonio, TX 78238  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation       |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought Office held  |
|   |   |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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

|   | Candidate/Officenoider/Politica<br>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: 46/57 Rpt: 60/73                                  | Cortez, Philip (The Honorable) 00067628  |
| 4 | Date   | 5 Payee name   |
|   | 03/29/2024   | The Rose Boutique  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$545.00   | 955 Cincinnati Ave.  |
|   |  |  |
|   |  | San Antonio, TX 78201  |
| 8 | PURPOSE<br>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 flowers  |
|   |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| , | expenditure to benefit C/O                             |  |
| _ | Data   |  |
|   | Date   | Payee name The Deep Routigue   |
|   | 04/18/2024   | The Rose Boutique  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$105.00   | 955 Cincinnati Ave.  |
|   |  |  |
|   |  | San Antonio, TX 78201  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Gift/Awards/Memorials Expense  |
|   | EA LIBITE.   | Constituent flowers  |
|   |  | Constituent flowers  |
| _ |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  |
|   |  |  |
|   | Date   | Payee name   |
|   | 01/12/2024   | USPS   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$19.15  | 1140 S Laredo St.  |
|   |  |  |
|   |  | San Antonio, TX 78204  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense   |
|   |  | Postage  |
|   | Complete ONLY if direct                                | Condidate/Office helder no rec   |
|   | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held<br>H   |
|   | <u>'</u>   |  |
|   |  |  |
|   |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<br>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: 47/57 Rpt: 61/73                                  | Cortez, Philip (The Honorable) 00067628   |
| 4        | Date   | 5 Payee name  |
|          | 03/14/2024   | USPS  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$10.95  | 1140 S Laredo St.   |
|          |  |   |
|          |  | San Antonio, TX 78204   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Postage   |
|          |  | r ostage  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
| ⊨        | Data   |   |
|          | Date   | Payee name  |
|          | 03/04/2024   | USPS  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$184.00   | 1140 S Laredo St.   |
|          |  |   |
|          |  | San Antonio, TX 78204   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          | 2/11/2/10/12   | Check if Austin, TX, officeholder living expense  |
|          |  | PO Box renewal  |
| L        | Complete ONL V if direct                               | Candidate/Officeholder name Office sought Office held   |
|          | Complete ONLY if direct expenditure to benefit C/OI    |   |
| ⊨        |  |   |
|          | Date   | Payee name  |
|          | 03/29/2024   | USPS  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$18.75  | 1140 S Laredo St.   |
|          |  |   |
|          |  | San Antonio, TX 78204   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Postage   |
|          |  | Fusiaye   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

#### 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: 48/57 Rpt: 62/73       | Cortez, Philip (The Honorable) 00067628   |   |
| 4 | Date                        | 5 Payee name  | _ |
|   | 04/16/2024                  | USPS  |   |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code  | _ |
|   | \$28.10                     | 1140 S Laredo St.   |   |
|   |                             |   |   |
|   |                             | San Antonio, TX 78204   |   |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description  | _ |
|   | OF<br>EXPENDITURE           | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
|   |                             | Check if Austin, TX, officeholder living expense  |   |
|   |                             | Postage   |   |
| Ļ | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   | _ |
| 9 | expenditure to benefit C/OI |   |   |
| ⊨ |                             |   | = |
|   | Date                        | Payee name  |   |
|   | 06/03/2024                  | USPS  |   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |   |
|   | \$9.25                      | 1140 S Laredo St.   |   |
|   |                             |   |   |
|   |                             | San Antonio, TX 78204   |   |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |
|   | OF<br>EXPENDITURE           | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   |                             | Check if Austin, TX, officeholder living expense  Postage   |   |
|   |                             | 1 cotage  |   |
| ⊢ | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/OI |   |   |
| H | Date                        | Payee name  | - |
|   | 06/14/2024                  | USPS  |   |
| ┝ | Amount (\$)                 | Payee address; City; State; Zip Code  | _ |
|   | \$9.25                      | 1140 S Laredo St.   |   |
|   | Ψ3.23                       | 1140 3 Edited 31.   |   |
|   |                             | San Antonio, TX 78204   |   |
|   | DUDD 005                    |   | _ |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T. |   |
|   | EXPENDITURE                 | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |   |
|   |                             | Postage   |   |
|   |                             |   |   |
| Г | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/OI | 1   |   |
| Г |                             |   | _ |
|   |                             |   |   |
|   |                             |   |   |

#### 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 complete this form.  |   |
|---|-----------------------------|--|---|
| 1 | Total pages Schedule F1:    | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                 |
|   | Sch: 49/57 Rpt: 63/73       | Cortez, Philip (The Honorable)   | 00067628  |
| 4 | Date                        | 5 Payee name   |   |
|   | 06/28/2024                  | USPS   |   |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code   |   |
|   | \$5.00                      | 1140 S Laredo St.  |   |
|   |                             |  |   |
|   |                             | San Antonio, TX 78204  |   |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description                                   |   |
|   | OF<br>EXPENDITURE           | Onice Overneda/Nerital Expense   | el outside of Texas. Complete Schedule T.             |
|   |                             | Postage  | in, TX, officeholder living expense                   |
|   |                             | lostage  |   |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/O  |  |   |
| _ | Date                        | Payee name   |   |
|   | 06/20/2024                  | Uber   |   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code   |   |
|   | \$28.52                     | 1455 Market Street   |   |
|   | 420.02                      | 1 100 market effect  |   |
|   |                             | San Francisco , CA 94103   |   |
| _ | PURPOSE                     |  |   |
|   | OF                          | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  X Check if trave | l outside of Texas. Complete Schedule T.              |
|   | EXPENDITURE                 | Event Expense  | in, TX, officeholder living expense                   |
|   |                             | NALEO Cor  | ference travel  |
|   |                             |  |   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/OI |  |   |
|   | Date                        | Payee name   |   |
|   | 06/19/2024                  | Uber   |   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code   |   |
|   | \$18.05                     | 1455 Market Street   |   |
|   |                             |  |   |
|   |                             | San Francisco , CA 94103   |   |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description                                   |   |
|   | OF<br>EXPENDITURE           | Event Expense X Check if trave   | l outside of Texas. Complete Schedule T.              |
|   |                             |  | in, TX, officeholder living expense<br>ference travel |
|   |                             | NALEO CON  | ielelice travel                                       |
| _ | Complete ONLY if direct     | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/O  | •  | Onice neiu  |
|   |                             |  |   |
|   |                             |  |   |
| 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officenoider/Politica<br>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: 50/57 Rpt: 64/73                                  | Cortez, Philip (The Honorable) 00067628  |
| 4 | Date   | 5 Payee name   |
|   | 01/31/2024   | University of Texas  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$100.00   | 2515 Speedway  |
|   |  |  |
|   |  | Austin, TX 78712   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Donation Donation  |
|   |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            |  |
|   | Date   | Payee name   |
|   | 01/31/2024   | Vega, Clarissa   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$179.10   | 7562 Tantara Ct.   |
|   |  |  |
|   |  | San Antonio, TX 78249  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  |
|   | EXI ENDITORE   | Check if Austin, TX, officeholder living expense   |
|   |  | Reimbursement  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | <b>y</b>   |
|   | Date   | Payee name   |
|   | 01/10/2024   | 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   | Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Website Security   |
|   | 0 1 0 0 0 0 0  |  |
|   | 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

Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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 complete this form.  |   |
|---|---|--|---|
| 1 | Total pages Schedule F1:                            |  | _ |
| L | Sch: 51/57 Rpt: 65/73                               | Cortez, Philip (The Honorable) 00067628  |   |
| 4 | Date  | 5 Payee name   |   |
|   | 02/12/2024  | WUFOO.COM  |   |
| 6 | Amount (\$)<br>\$20.26                              | 7 Payee address; City; State; Zip Code<br>1 Curiosity Way  |   |
|   |   | San Mateo , CA 94403   |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Website security |   |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held  |   |
|   | Date  | Payee name   |   |
|   | 03/11/2024  | WUFOO.COM  |   |
|   | Amount (\$) \$20.26                                 | Payee address; City; State; Zip Code  1 Curiosity Way  |   |
|   |   | San Mateo , CA 94403   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Website Security |   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |   |
| Г | Date  | Payee name   | _ |
| l | 04/10/2024  | WUFOO.COM  |   |
|   | Amount (\$) \$20.26                                 | Payee address; City; State; Zip Code  1 Curiosity Way  |   |
|   |   | San Mateo , CA 94403   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign website |   |
|   | 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 con   | nple | ete this form.  |
|---|---|---|------|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME  |      | 3 Filer ID (Ethics Commission Filers)   |
| l | Sch: 52/57 Rpt: 66/73                               | Cortez, Philip (The Honorable)  |      | 00067628  |
| 4 | Date  | 5 Payee name  |      |   |
| L | 05/10/2024  | WUFOO.COM   |      |   |
| 6 | Amount (\$)<br>\$20.26                              | 7 Payee address; City; State; Zip Coo<br>1 Curiosity Way<br>San Mateo , CA 94403                | de   |   |
| 8 | PURPOSE   | (a) a   | (h)  | Description   |
| ° | OF<br>EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)  Fees                          | (D)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign website |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office soug   | ght  | Office held   |
|   | Date  | Payee name  |      |   |
|   | 06/10/2024  | WUFOO.COM   |      |   |
|   | Amount (\$) \$20.26                                 | Payee address; City; State; Zip Coo<br>1 Curiosity Way  | de   |   |
|   |   | San Mateo , CA 94403  |      |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign website |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug   | ght  | Office held   |
| Г | Date  | Payee name  |      |   |
|   | 03/05/2024  | Walgreens   |      |   |
|   | Amount (\$)<br>\$130.49                             | Payee address; City; State; Zip Coo<br>5345 N IH 35   | de   |   |
|   |   | Austin, TX 78723  |      |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies         |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office souç   | ght  | Office held   |
|   |   |   |      |   |

#### 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 complete this fo  | orm.   |
|---|---|---|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)              |
|   | Sch: 53/57 Rpt: 67/73                               | Cortez, Philip (The Honorable)  | 00067628   |
| 4 | Date  | 5 Payee name  |  |
|   | 01/08/2024  | 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) Descrip                    | otion  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense  | k if travel outside of Texas. Complete Schedule T. |
|   |   | DO cle  | k if Austin, TX, officeholder living expense       |
|   |   | 50 00   | zu mg  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/O                          |   | 0.1100 1.010                                       |
| _ | Date  | Payee name  |  |
|   | 02/05/2024  | White Glove Cleaning Service  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|   | \$106.09  | 1910 NW Military Hwy  |  |
|   | Ψ100.00   | 1010 TWW IMMERLY THEY   |  |
|   |   | San Antonio, TX 78213   |  |
|   | PURPOSE   |   | Air o  |
|   | OF  | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Rift travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE   | Onice Overnead/Nertial Expense  | k if Austin, TX, officeholder living expense       |
|   |   | DO cle  | eaning   |
|   |   |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought   | Office held  |
|   | experiditure to beliefit C/Or                       | 1   |  |
|   | Date  | Payee name  |  |
|   | 03/04/2024  | White Glove Cleaning Service  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|   | \$106.09  | 1910 NW Military Hwy  |  |
|   |   |   |  |
|   |   | San Antonio, TX 78213   |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Descrip                    | otion  |
|   | OF<br>EXPENDITURE                                   | Onice Overnead/Nerital Expense  | k if travel outside of Texas. Complete Schedule T. |
|   |   | DO cle  | k if Austin, TX, officeholder living expense       |
|   |   | DO CIE  | zamiy  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/O                          | - · · · · · · · · · · · · · · · · · · ·   | Cine ned   |
|   |   |   |  |
|   |   |   |  |
| l |   |   |  |

#### 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<br>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: 54/57 Rpt: 68/73                                  | Cortez, Philip (The Honorable) 00067628   |
| 4        | Date   | 5 Payee name  |
|          | 03/29/2024   | 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<br>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 cleaning   |
|          |  |   |
| 9        | Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held   |
| ⊨        | Date   |   |
|          | Date   | Payee name  |
|          | 05/06/2024   | White Glove Cleaning Service  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$106.09   | 1910 NW Military Hwy  |
|          |  |   |
|          |  | San Antonio, TX 78213   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|          | 2/11/2/10/12   | Check if Austin, TX, officeholder living expense  |
|          |  | DO cleaning   |
| L        | 0 1: 01:14 7 1   |   |
|          | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| ┡        | ·  |   |
|          | Date   | Payee name  |
|          | 06/03/2024   | White Glove Cleaning Service  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$91.09  | 1910 NW Military Hwy  |
|          |  |   |
|          |  | San Antonio, TX 78213   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | DO cleaning   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

### 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 f   | orm.  |
|---|--|---|---|
| 1 | Total pages Schedule F1:<br>Sch: 55/57 Rpt: 69/73          | 2 FILER NAME Cortez, Philip (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00067628  |
| 4 | Date 01/02/2024  | 5 Payee name<br>Zoom  |   |
| 6 | Amount (\$)<br>\$17.07                                     | 7 Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113                       |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense conferencing          |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought   | Office held   |
|   | Date<br>02/01/2024   | Payee name<br>Zoom  |   |
|   | Amount (\$)<br>\$17.07                                     | Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113                         |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Cher  | otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense conferencing          |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought   | Office held   |
|   | Date 03/04/2024  | Payee name<br>Zoom  |   |
|   | Amount (\$)<br>\$17.07                                     | Payee address; City; State; Zip Code<br>55 Almaden Blvd   |   |
|   |  | San Jose, CA 95113  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Chec  | otion<br>ck if travel outside of Texas. Complete Schedule T.<br>ck if Austin, TX, officeholder living expense<br>Conferencing |
|   | 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

| Candidate/Officenolder/Political                              | The Instruction Guide explains how to complete this form.                             |
|---|---|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                    |
| Sch: 56/57 Rpt: 70/73   | Cortez, Philip (The Honorable) 00067628   |
| 4 Date  | 5 Payee name  |
| 04/02/2024  | Zoom  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$17.07   | 55 Almaden Blvd   |
|   |   |
|   | San Jose, CA 95113  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
|   | Conference calls  |
|   | Conference dails  |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held                                 |
| expenditure to benefit C/OI                                   |   |
| 5 .   |   |
| Date  | Payee name  |
| 05/02/2024  | 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<br>EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| <b></b>   | Conforcing calls  |
|   | Conference calls  |
| Occupate ONLY if direct                                       | Candidate/Officeholder name Office sought Office held                                 |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI |   |
|   |   |
| Date  | Payee name  |
| 06/03/2024  | 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<br>EXPENDITURE   | Office Overhead/Rental Expense  |
| EXI ENDITORE  | Check if Austin, TX, officeholder living expense                                      |
|   | Video conferencing  |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                                 |
| experience to benefit ever                                    | ·   |
|   |   |
|   |   |

#### 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | mmittee                    | Gift/Awards/Memoria<br>Legal Services<br>The Instruction ( | ·                     |            | /ages | /Contract Labor |            | Travel Out of Dis<br>OTHER (enter a     | strict<br>category not listed abo | ve)       |
|-------------|--|-----|----------------------------|--|-----------------------|------------|-------|-----------------|------------|---|-----------------------------------|-----------|
| 1           | Total pages Schedule F1:   | 2   | FILER NAME                 |  |                       |            |       |                 | 3          | Filer ID                                | (Ethics Commission                | n Filers) |
|             | Sch: 57/57 Rpt: 71/73  |     | Cortez, Phili              | p (The Honor   | able)                 |            |       |                 |            | 00067628                                |                                   | -,        |
| 4           | Date   | 5   | Payee name                 |  |                       |            |       |                 |            |   |                                   |           |
|             | 01/05/2024   |     | eRenterPlan                | .com   |                       |            |       |                 |            |   |                                   |           |
| 6           | Amount (\$) \$39.25  | 7   | Payee addres               | -  | State                 | e; Zip Co  | de    |                 |            |   |                                   |           |
|             |  |     | Suite 100<br>Irvine , CA 9 | 2602   |                       |            |       |                 |            |   |                                   |           |
| 8           | PURPOSE  | (a) | Category (Se               | e Categories listed a                                      | t the top of this scl | hedule)    | (b)   | Description     |            |   |                                   |           |
|             | OF<br>EXPENDITURE  |     | Fees                       |  |                       |            |       | 느               |            |   | plete Schedule T.                 |           |
|             | ZA ZADITORZ  |     |                            |  |                       |            |       | ш.              |            | officeholder living                     | g expense                         |           |
|             |  |     |                            |  |                       |            |       | Renter's insu   | ıan        | ce                                      |                                   |           |
|             |  |     |                            |  |                       |            |       |                 |            |   |                                   |           |
| 9           | Complete ONLY if direct expenditure to benefit C/OI  |     | Candidate/Offic            | eholder name   |                       | Office sou | ght   |                 |            | Office h                                | eld                               |           |
|             | Date   |     | Payee name                 |  |                       |            |       |                 |            |   |                                   |           |
|             | 01/30/2024   |     | tmobile                    |  |                       |            |       |                 |            |   |                                   |           |
|             | Amount (\$)  | Г   | Payee addres               | s; City;   | State                 | e; Zip Co  | de    |                 |            |   |                                   |           |
|             | \$33.34  |     | 3625 132nd                 | Avenue Soutl   | neast Bellev          | ue         |       |                 |            |   |                                   |           |
|             |  |     |                            |  |                       |            |       |                 |            |   |                                   |           |
|             |  |     | Bellevue, W                |  |                       |            |       |                 |            |   |                                   |           |
|             | PURPOSE<br>OF  | (a) |                            | e Categories listed a                                      | the top of this scl   | hedule)    | (b)   | Description     | ou · + - · | do of Toyles O                          | inloto Cohodula T                 |           |
| EXPENDITURE |  |     | Fees                       |  |                       |            |       | <b>-</b>        |            | de of Texas. Com<br>officeholder living | plete Schedule T.                 |           |
|             |  |     |                            |  |                       |            |       | Phone payme     |            | Zoonoldor nving                         | ,                                 |           |
|             |  |     |                            |  |                       |            |       |                 |            |   |                                   |           |
|             | Complete ONLY if direct expenditure to benefit C/Oh  |     | Candidate/Offic            | eholder name   |                       | Office sou | ght   |                 |            | Office he                               | eld                               |           |
|             | Date   |     | Payee name                 |  |                       |            |       |                 |            |   |                                   |           |
|             | 02/28/2024   |     | tmobile                    |  |                       |            |       |                 |            |   |                                   |           |
|             | Amount (\$)  | H   | Payee addres               | s; City;   | State                 | e; Zip Co  | de    |                 |            |   |                                   |           |
|             | \$99.81  |     |                            | Avenue Soutl   |                       |            |       |                 |            |   |                                   |           |
|             |  |     |                            |  |                       |            |       |                 |            |   |                                   |           |
|             |  |     | Bellevue, W                | A 98006  |                       |            |       |                 |            |   |                                   |           |
|             | PURPOSE<br>OF  | (a) |                            | e Categories listed a                                      | the top of this scl   | hedule)    | (b)   | Description     |            |   | mlata Oal III =                   |           |
|             | EXPENDITURE  |     | Fees                       |  |                       |            |       | <b>=</b>        |            | de of Texas. Com<br>officeholder living | plete Schedule T.                 |           |
|             |  |     |                            |  |                       |            |       | Phone payme     |            | omocnoluel livili                       | , олренос                         |           |
|             |  |     |                            |  |                       |            |       | ραμπο           |            |   |                                   |           |
|             | Complete ONLY if direct  |     | Candidate/Offic            | eholder name   |                       | Office sou | aht   |                 |            | Office he                               | eld                               |           |
|             | expenditure to benefit C/O   |     |                            | Tallo and Tallio   |                       | 50 50u     | ar    |                 |            | Ooc 11                                  |                                   |           |
|             |  |     |                            |  |                       |            |       |                 |            |   |                                   |           |
|             |  |     |                            |  |                       |            |       |                 |            |   |                                   |           |
|             |  |     |                            |  |                       |            |       |                 |            |   |                                   |           |

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 72/73 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cortez, Philip (The Honorable) 00067628 5 Name of person from whom amount is received 8 Amount (\$) Date 01/05/2024 \$54.17 Erenterplan 6 Address of person from whom amount is received; City; State; Zip Code Irvine, CA 92602 Purpose for which amount is received Check if political contribution returned to filer Refund Austin lodging

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

SCHEDULE T

| The Inst   | ruction (   | Guide explains                   | 1 Total pages Schedule T:<br>Sch: 1/1 Rpt: 73/73 |                         |                 |               |  |  |  |  |
|--|---|----------------------------------|--|-------------------------|-----------------|---------------|--|--|--|--|
| 2 FILER NAME<br>Cortez, Philip (T                                      | he Honor:   | ahla)                            | 3 Filer ID (Ethics Commission Filers)            |                         |                 |               |  |  |  |  |
|  |   |                                  |  |                         | 00067628        |               |  |  |  |  |
|  | Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines |                                  |  |                         |                 |               |  |  |  |  |
| 5 Contribution / Exp   | enditure rep  | oorted 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  | 1   | of person(s) travel<br>z, Philip | ing  |                         |                 |               |  |  |  |  |
|  |   |                                  | f departure location                             |                         |                 |               |  |  |  |  |
| 06/19/2024   |   | intonio                          | r departure location                             |                         |                 |               |  |  |  |  |
| 00/13/2024   |   |                                  |  |                         |                 |               |  |  |  |  |
| 00/10/2024   |   | -                                | of destination location                          |                         |                 |               |  |  |  |  |
| 06/19/2024   | Las V   |                                  |  |                         |                 |               |  |  |  |  |
| 10 Means of transpor   |   | 11 Purpose of tra<br>NALEO con   | avel (including name of c<br>ference             | onference, seminar, or  | other event)    |               |  |  |  |  |
| Name of Contribu   | tor / Corpor  | ation or Labor Org               | anization / Pledgor /Paye                        | ee                      |                 |               |  |  |  |  |
| Uber   |   |                                  |  |                         |                 |               |  |  |  |  |
| Contribution / Exp   | enditure rep  | oorted on:                       |  |                         |                 |               |  |  |  |  |
| Schedule A2  |   | Schedule B                       | Schedule B(J)                                    | Schedule C2             | Schedule D      | X Schedule F1 |  |  |  |  |
| Schedule F2  | 一百  | Schedule F4                      | Schedule G                                       | Schedule H              | Schedule COH-UC | <b>_</b>      |  |  |  |  |
| Dates of Travel  | Name  | of person(s) travel              | ing  |                         |                 |               |  |  |  |  |
| Dates of France.   |   | z, Philip                        | 9  |                         |                 |               |  |  |  |  |
|  |   |                                  | f departure location                             |                         |                 |               |  |  |  |  |
| 06/19/2024   | Las V   |                                  | r dopartaro rocation                             |                         |                 |               |  |  |  |  |
| 00/10/101  |   |                                  | of destination location                          |                         |                 |               |  |  |  |  |
| 06/19/2024   |   |                                  | or destination location                          |                         |                 |               |  |  |  |  |
|  | Las V   |                                  | 10 1 2   |                         |                 |               |  |  |  |  |
| Means of transpor  |   | · ·                              | avel (including name of c                        | conference, seminar, or | otner event)    |               |  |  |  |  |
| Commercial Aut   | omobile   | Traver to co                     | nference hotel                                   |                         |                 |               |  |  |  |  |
| Name of Contribu   | tor / Corpor  | ation or Labor Org               | anization / Pledgor /Paye                        | ee                      |                 |               |  |  |  |  |
| Contribution / Exp   | enditure rep  | oorted on:                       |  |                         |                 |               |  |  |  |  |
| Schedule A2  |   | Schedule B                       | Schedule B(J)                                    | Schedule C2             | Schedule D      | X Schedule F1 |  |  |  |  |
| Schedule F2  | H.  | Schedule F4                      | Schedule G                                       | Schedule H              | Schedule COH-UC |               |  |  |  |  |
| Dates of Travel  | L Name  | of manage(a) two rel             | <u> </u>   |                         |                 |               |  |  |  |  |
| Dales of Travel  | 1   | of person(s) travel<br>z, Philip | iiig   |                         |                 |               |  |  |  |  |
|  | Ļ   |                                  | f denarture location                             |                         |                 |               |  |  |  |  |
| 06/20/2024   | Departure city or name of departure location  06/20/2024 San Antonio                        |                                  |  |                         |                 |               |  |  |  |  |
|  |   |                                  |  |                         |                 |               |  |  |  |  |
| Destination city or name of destination location  06/20/2024 Las Vegas |   |                                  |  |                         |                 |               |  |  |  |  |
|  | <u> </u>  |                                  | 10 1 2   |                         |                 |               |  |  |  |  |
| Means of transpor  | πation  | l ·                              | avel (including name of c                        |                         | otner event)    |               |  |  |  |  |
|  | NALEO conference-travel to airport  |                                  |  |                         |                 |               |  |  |  |  |
|  |   |                                  |  |                         |                 |               |  |  |  |  |