### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commis 00067628	,	2 Total pages fi	iled: 35			
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE USE ONLY				
OFFICEHOLDER	The Honorable F	Philip							
NAME		Þ			Date Received				
					ELECTRONIC	ALLY FILED			
	NICKNAME L	.AST		SUFFIX	10/07/2024				
	0	Cortez							
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked			
MAILING	7919 Liberty Island								
ADDRESS					Receipt #	Amount			
Change of Address	San Antonio, TX 78227-4734	4							
					Date Processed				
					Date Imaged				
5 CAMPAIGN TREASURER		IRST		MI					
NAME	Ms. R	lose							
	NICKNAME L	AST		SUFFIX					
	C	Cortez							
			4.0-						
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	JX PLEASE);	AP	T / SUITE #; CITY;	51.	ATE; ZIP CODE			
ADDRESS	351 McNarney								
(Residence or Business)									
	San Antonio, TX 78211								
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION						
TREASURER PHONE	(210) 923-1557								
THOME									
8 REPORT									
TYPE	January 15 X	30th day before	election	Runoff		mpaign treasurer			
					appointment (off				
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)			
				reporting inne					
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	07/01/2024	TH	IROUGH	09/26/2024	4				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year		rimary	Runoff	Other				
	11/05/2024								
		XG	eneral	Special					
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)				
	State Representative District	t 117		State Representa	ative District 117	,			
				1					
		GO 1	O PAGE 2						
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	S	Vers	ion V4.1.0.48da51f7			

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

#### FORM C/OH **COVER SHEET PG 2** 2 of 35

13 C / OH NAME	Cortez, Philip (The H	14 Filer ID (E 00067628	thics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support t candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditu									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER ADDRES	S							
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	<b>\$</b> 0.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	<b>\$</b> 7,300.66						
EXPENDITURE TOTALS	3. TOTAL UNITEM	<b>\$</b> 0.00								
	4. TOTAL POLITIC	AL EXPENDITURES	<b>\$</b> 31,051.66							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 63,920.27						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.								
		The Hon	orable Philip Cortez							
		Signature of	Candidate or Officehold	er						
AFFIX NO	TARY STAMP / SEAL ABO	DVE								
Sworn to and subs	day									
of	, 20, to ce	rtify which, witness my hand and seal of office.								
Signature of offic	cer administering	Printed name of officer administering	Title of officer a	administering oath						
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		/ersion V4.1.0.48da51f7						

SUBTOTALS - C/OH	FO COVER SH	<b>RM C/OH</b> IEET PG 3 3 of 35							
18 FILER NAME Cortez, Philip (The Honorable)	19 Filer ID 0006762		mission Filers)						
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTC	TAL AMOUNT							
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$								
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4. SCHEDULE E: LOANS		\$							
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	31,051.66						
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS								
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS								
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	47.60						

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.	1	L Total pages Schedule A1: Sch: 1/2 Rpt: 4/35				
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)			
-		p (The Honorable)			00067628				
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)				
	09/07/2024	Moore, Adam				\$100.00			
	I	6 Contributor address; City; State; Zip Code		1					
		New Braunfels, TX 78132							
8	Principal occu Anesthesiolo	upation / Job title (See Instructions) ogist	9 Employer (See Instructions Self	5)					
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)				
	09/07/2024	Padakandla, Udaya	/			\$100.00			
	00/01/222					<b><i><i>v</i></i></b> _ <i>v</i> <sub><i>v</i></sub> ,			
		Carrollton, TX 75010		<u></u>					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)					
	Physician		USAP						
F	Date	Full name of contributor X out-of-state PAC (ID#:	 C00513549)	Γ	Amount of Contribution (\$)				
	09/05/2024	Philips 66 PAC				\$1,000.66			
		Contributor address; City; State; Zip Code		-		֥,			
	Principal occl	Washington, DC 20004 Ipation / Job title (See Instructions)	Employer (See Instructions	s)					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)				
	09/07/2024	Richards, Jeffrey				\$100.00			
		Contributor address; City; State; Zip Code							
	I	League City, TX 77573							
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)					
	Physician		UTMB						
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)				
	07/29/2024	TREPAC				\$2,500.00			
		Contributor address; City; State; Zip Code							
	l	Austin, TX 78768							
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	L s)					
	T moipai cocc.			5)					
⊢									
1									

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/35	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Cortez, Phili	p (The Honorable)			00067628
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)
	09/05/2024	Texas AFL-CIO COPE Fund			\$500.00
		6 Contributor address; City; State; Zip Code			
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Ĺ	Philipai occu			»)	
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	09/05/2024	Texas Automobile Dealers Association PAC			\$2,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/05/2024	Texas State Teachers Association PAC			\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78759			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	<b>3</b> Filer ID (Ethics Commission Filers)		
_	Sch: 1/29 Rpt: 6/35		Cortez, Philip (The Honorable)				00067628		
4	Date 08/30/2024		Payee name 3-D signs						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
-	\$1,034.31		7986 1st street Somerset, TX 78069						
8	PURPOSE	(a)			(h) Descriptio	m			
8       PURPOSE         OF         EXPENDITURE    (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs					•				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	09/10/2024		3-D signs						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$400.00		7986 1st street Somerset, TX 78069						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this school Office Overhead/Rental Expense	edule)		travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	07/01/2024		7-Eleven						
	Amount (\$) \$115.30		Payee address; City; State; 7930 Callaghan Rd	Zip Co	de				
			San Antonio, TX 78229						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel In District	edule)		travel ou Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2		•		•	3	Filer ID	(Ethics Commission Filers)
_	Sch: 2/29 Rpt: 7/35		Cortez, Philip (The Hor	iorable)				00067628	()
4	Date 07/23/2024		Payee name AT&T						
6	Amount (\$) \$66.00		Payee address; City; P.O. BOX 5006 Carol Stream , IL 6019		; Zip Co	le			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Office sou	yht		Office hel	d
	Date		Payee name						
	07/29/2024		AT&T						
	Amount (\$) \$102.85		Payee address; City; P.O. BOX 5006 Carol Stream , IL 6019		; Zip Co	de			
	PURPOSE OF EXPENDITURE		Category (See Categories list Fees	ed at the top of this sch	edule)		ı, ТХ,	de of Texas. Compl officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Dffice sou	yht		Office hel	d
	Date		Payee name						
	09/16/2024		AT&T						
	Amount (\$) \$198.62		Payee address; City; P.O. BOX 5006	State;	; Zip Co	de			
			Carol Stream , IL 6019	7					
	PURPOSE OF EXPENDITURE		Category (See Categories list Fees	ed at the top of this sch	edule)		ı, ТХ,	de of Texas. Compl officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Office sou	yht		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)						
-	Sch: 3/29 Rpt: 8/35	Cortez, Philip (The Honorable)	00067628						
4	Date 08/27/2024	Payee name AT&T							
6	Amount (\$) \$216.27	Payee address; City; State; Zip Code P.O. BOX 5006 Carol Stream , IL 60197							
8	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense t fees						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/20/2024	AT&T							
	Amount (\$) \$132.42	Payee address; City; State; Zip Code P.O. BOX 5006							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense t fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/12/2024	Allianze Events							
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 7711 Guilbeau Rd							
		San Antonio , TX 78250							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense						
ļ	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Odfice Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 4/29 Rpt: 9/35	Cortez, Philip (The Honorable)	00067628						
4	Date 07/29/2024	Payee name Apple							
6	Amount (\$) \$53.04	Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/26/2024	BDR Services							
	Amount (\$) \$1,130.00	Payee address; City; State; Zip Code 2610 Tillie Drive							
		San Antonio , TX 78222							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/19/2024	BDR Services							
	Amount (\$) \$1,354.00	Payee address;City;State; Zip Code2610 Tillie Drive							
		San Antonio , TX 78222							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       y -     Gift/Awards/Memorials Expense       al Committee     Legal Services       Status     Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 5/29 Rpt: 10/35		Cortez, Philip (The Honorable)				00067628		
4	Date 09/04/2024		Payee name BDR Services						
6	Amount (\$) \$1,879.00		Payee address; City; State; 2610 Tillie Drive San Antonio , TX 78222	Zip Coc	e				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	dule)			de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held		
	Date		Payee name						
	08/12/2024		BDR Services						
	Amount (\$) \$1,088.00		Payee address; City; State; 2610 Tillie Drive	Zip Coo	e				
		<u> </u>	San Antonio , TX 78222						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	dule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held		
	Date		Payee name						
	09/23/2024		Best Buy						
	Amount (\$) \$86.58		Payee address; City; State; 6001 Northwest Loop 410	Zip Coo	e				
			San Antonio, TX 78238						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense ht		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 6/29 Rpt: 11/35		Cortez, Philip (The Honorable)				00067628	
4	Date	5	Payee name					
	08/27/2024		Bexar County Young Democrats					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$250.00		P.O.Box 12534					
			San Antonio, TX 78212					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if travel		ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Commi	ittee			, officeholder living expense	
					Event sponse	orsi	nip	
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	int		Office held	
	Date		Payee name					
	08/16/2024		Bill Miller					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$80.54		8888 SW Loop 410					
			·					
			San Antonio, TX 78242					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Staff food	I, IA,	oncenduel living expense	
					Stan 1000			
	Complete ONLY if direct		Candidate/Officeholder name O	)ffice sou	Iht		Office held	
	expenditure to benefit C/OI	H						
	Date		Payee name					
	09/06/2024		Bohanan's					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$851.57		219 E Houston Street					
			San Antonio , TX 78205					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.	
					Staff meal	I, IX,	, officeholder living expense	
					Stan mean			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office sou	iht		Office held	
	expenditure to benefit C/OI				jin			
_								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Expense	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	e	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)	
_		-	The Instruction Gui	ide explains	now to col	mplete this form.			
1	Total pages Schedule F1: Sch: 7/29 Rpt: 12/35		FILER NAME Cortez, Philip (The Honorabl	le)			3	Filer ID         (Ethics Commission I)           00067628         00067628	Filers)
4	Date	5	Payee name						
	07/16/2024		Chuy's						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$191.48		8438 Hwy 151						
			San Antonio, TX 78245						
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description			
	OF		Food/Beverage Expense		cuuic)			side of Texas. Complete Schedule T.	
	EXPENDITURE							X, officeholder living expense	
						Staff mee	ting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	08/01/2024		Circle K						
_	Amount (\$)	-	Payee address; City;	State:	Zip Co	de			
	\$100.00		7715 S Zarzamora	otato,	, <u>Lip</u> 00				
	\$100.00		7710 0 Zuizumoru						
			San Antonio , TX 78224						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Travel In District	e top of this sch	edule)		avel out	side of Texas. Complete Schedule T. X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght		Office held	
	Date		Payee name						
	08/06/2024		Circle K						
	Amount (\$)		Payee address; City;	State:	Zip Co	de			
	\$55.52		7715 S Zarzamora	,	,				
	\$0010 <u>2</u>								
			San Antonio , TX 78224						
	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description		side of Texas. Complete Schedule T.	
	EXPENDITURE		Travel In District				ustin, TX	X, officeholder living expense	
-	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	C	Dffice sou	ght		Office held	
	expenditure to benefit C/OI					-			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)				
1	Sch: 8/29 Rpt: 13/35		Cortez, Philip (The Honorable)				00067628				
4	Date	5	Payee name								
	08/20/2024		Circle K								
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	ode						
	\$105.00		7715 S Zarzamora								
			San Antonio , TX 78224								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description						
	OF		Travel In District	edule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austir	ı, тх,	officeholder living expense				
					Staff Fuel						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	09/13/2024		Don Pedro Restaurant								
	Amount (\$)		Payee address; City; State;	; Zip Co	ode						
	\$113.37		1526 Southwest Military Drive								
			San Antonio, TX 78221								
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description		de ef Teure Consolete Cohertule T				
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
					Staff meeting						
						,					
	Complete ONLY if direct		candidate/Officeholder name C	Dffice sou	l aht		Office held				
	expenditure to benefit C/Oł				9.10						
	Data	1	D								
	Date 09/06/2024		Payee name Don Pedro Restaurant								
	Amount (\$)			; Zip Co	ode						
	\$79.84		1526 Southwest Military Drive								
			San Antonio, TX 78221								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.				
							officeholder living expense				
					Staff meeting	J					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office sou	ight		Office held				
	onpenditure to benefit C/Of	•									
						_					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           y -         Gift/Awards/Memorials Expense         Printing Expense         Tr						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer							Filer ID (Ethics Commission Filers)	
	Sch: 9/29 Rpt: 14/35		Cortez, Philip (The Honorable)						00067628	
4	Date 09/25/2024		Payee name Don Pedro							
6	Amount (\$) \$42.33		Payee address; City; 1526 SW Military Dr San Antonio, TX 78221	State;	; Zip Coo	le				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Staff meeting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	jht			Office held	
	Date		Payee name							
	09/05/2024		Election Support Services							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$2,600.00		2611 Rompel Pass San Antonio, TX 78232							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense	this sch	edule)			, TX,	de of Texas. Complete Schedule T. officeholder living expense als	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	jht			Office held	
	Date		Payee name							
	09/20/2024		Elizabeth Greco Photography							
	Amount (\$) \$250.00		Payee address; City; 125 Lamar	State;	; Zip Coo	le				
			San Antonio, TX 78202							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense	this sch	edule)			, TX,	de of Texas. Complete Schedule T. officeholder living expense btos	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	jht			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			-	als Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
Ļ		·	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1: Sch: 10/29 Rpt: 15/35		FILER NAME Cortez, Philip (The Honora	able)			3	Filer ID       (Ethics Commission Filers)         00067628			
4	Date	5	Payee name								
	07/02/2024		Google								
6	Amount (\$) \$15.35		<ul> <li>7 Payee address; City; State; Zip Code</li> <li>1600 Amphitheatre</li> <li>Parkway Mountain View , CA 94043</li> </ul>								
8	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	(b) Description					
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Description       Image: Description </th <th>, officeholder living expense</th>							, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			
	Date		Payee name								
	08/02/2024		Google								
	Amount (\$)		Payee address; City;	State;	; Zip Cod	le					
	\$15.35		1600 Amphitheatre Parkway Mountain View ,	CA 94043							
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Office Overhead/Rental E		edule) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	ht		Office held			
	Date		Payee name								
	09/03/2024		Google								
	Amount (\$) \$15.35		Payee address; City; 1600 Amphitheatre	State;	; Zip Cod	le					
			Parkway Mountain View ,	CA 94043							
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Office Overhead/Rental E		edule) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	ht		Office held			
		_					_				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services The Instruction Guide explains f	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		·	<b>3</b> Filer ID (Ethics Commission Filers)							
1	Sch: 11/29 Rpt: 16/35	ortez, Philip (The Honorable)		00067628							
4	Date 07/22/2024	ayee name EB Gas									
6	Amount (\$) \$107.98	Payee address;     City;     State;     Zip Code       6818 S Zarzamora									
		an Antonio, TX 78224									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Staff fuel											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held							
	Date	ayee name									
	08/13/2024	EB Gas									
	Amount (\$) \$28.91	ayee address; City; State; 818 S Zarzamora	Zip Code								
		an Antonio, TX 78224									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ravel In District	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held							
	Date	ayee name									
	09/11/2024	EB Gas									
	Amount (\$) \$62.36	ayee address; City; State; 818 S Zarzamora	Zip Code								
		an Antonio, TX 78224									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ravel In District	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)				
1	Sch: 12/29 Rpt: 17/35		Cortez, Philip (The Honorable)			3	00067628				
4	Date	5	Payee name								
	09/09/2024		HEB Gas								
6	Amount (\$) \$50.63		6818 S Zarzamora								
			San Antonio, TX 78224								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Staff fuel											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	08/26/2024		HEB Gas								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$55.57		6818 S Zarzamora San Antonio, TX 78224								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel In District	iedule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	08/22/2024		HEB Gas								
	Amount (\$) \$69.73		Payee address; City; State 6818 S Zarzamora	; Zip Co	de						
			San Antonio, TX 78224	i							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel In District	edule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Imittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense			
1	Total pages Schedule F1:	2		•		•	3	Filer ID	(Ethics Commission Filers)			
-	Sch: 13/29 Rpt: 18/35		Cortez, Philip (The Honorable)					00067628				
4	Date 07/29/2024		Payee name HEB									
6	Amount (\$) \$47.54		7 Payee address; City; State; Zip Code 6818 S Zarzamora San Antonio, TX 78224									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Image: Check if Austin, TX, officeholder living expense Staff fuel       Staff fuel												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	1			
	Date		Payee name									
	07/29/2024		Host Gator									
	Amount (\$) \$23.17		Payee address; City; 5005 Mitchelldale, Suite #100 Houston, TX 77092	State;	; Zip Co	de						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)		n, TX,	de of Texas. Comple officeholder living e ite				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	t			
	Date		Payee name									
	08/27/2024		JVC Media, LLC									
	Amount (\$) \$583.13		Payee address; City; 9335 Lamerton	State;	; Zip Co	de						
			San Antonio, TX 78250									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		edule)		ı, TX,	de of Texas. Comple officeholder living e lies				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	1			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	PILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
_	Sch: 14/29 Rpt: 19/35	Cortez, Philip (The Honorable)	00067628								
4	Date 09/10/2024	Payee name JW Marriott									
6	Amount (\$) \$531.76	7       Payee address; City; State; Zip Code         \$531.76       23808 Resort Pkwy         San Antonio, TX 78261									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Conference fees											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/26/2024	Jaramillo, Leo									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$7,500.00	330 West Baetz San Antonio, TX 78221									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/19/2024	Love's travel stop									
	Amount (\$) \$51.03	Payee address; City; State; Zip Code 11361 I-35									
		Von Ormy, TX 78073									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Poling Expense       Git/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME 3 Filer ID (Ethics Commissi									
	Sch: 15/29 Rpt: 20/35	Cortez, Philip (The Honorable)	00067628								
4	Date 08/21/2024	Payee name Lowe's									
6	Amount (\$) \$260.86	Payee address; City; State; Zip Code 7843 IH 35 S San Antonio, TX 78224									
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/22/2024	MailChimp									
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 512 Means Street									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/22/2024	MailChimp									
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 512 Means Street									
		Atlanta, GA 30318									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense E-blast									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)					
_		-	The Instruction Gu	ide explains	now to cor	ipiete this form.	1_					
1	Total pages Schedule F1: Sch: 16/29 Rpt: 21/35		FILER NAME Cortez, Philip (The Honorab	le)			3	Filer ID (Ethics Commission F 00067628	⊢liers)			
4	Date	5	Payee name									
	09/23/2024		MailChimp									
6	Amount (\$)											
	\$98.07		512 Means Street									
			Atlanta, GA 30318									
8	PURPOSE	(a)	Category (See Categories listed at th	top of this coh	odulo)	(b) Description						
-	OF		Office Overhead/Rental Exp		edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		omoe overnead/nemai Exp			Check if Austir	I, TX	, officeholder living expense				
						E-blast						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht		Office held				
	Date		Payee name									
	08/26/2024		Metzger Middle School									
	Amount (\$)		Payee address; City;	Stato:	Zip Co	10						
	.,			State,	, Zip Coi	ie						
	\$100.00		7475 Binz Engleman Rd									
			San Antonio, TX 78244									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Gift/Awards/Memorials Expe		edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice soug	ht		Office held				
⊨	Date	<u> </u>	Payee name									
	07/23/2024		Northwest Democrats									
					7. 0							
	Amount (\$)		Payee address; City;	State;	; Zip Co	le						
	\$260.00		5403 Jackwood Dr									
			San Antonio, TX 78238									
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Gift/Awards/Memorials Expe	ense			n, TX	ide of Texas. Complete Schedule T. , officeholder living expense NNET				
-	Complete ONLY if direct	L	andidate/Officeholder name		Office sou	ht		Office held				
	expenditure to benefit C/Oł			C	Suce Soul	li it						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	· · · · ·	Filer ID (Ethics Commission Filers)								
Ţ	Sch: 17/29 Rpt: 22/35	Cortez, Philip (The Honorable)	00067628								
4	Date	5 Payee name									
	07/17/2024	Office Depot									
6	Amount (\$) \$81.30	<ul> <li>Payee address; City; State; Zip Code</li> <li>\$81.30</li> <li>San Antonio, TX 78245</li> </ul>									
Q		i									
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.         Check if Austin, TX, officeholder living expense       Supplies											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/22/2024	Office Depot									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$37.04	119 SW Military San Antonio, TX 78245									
	PURPOSE OF EXPENDITURE		de of Texas. Complete Schedule T. , officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/26/2024	Office Depot									
	Amount (\$) \$59.41	Payee address; City; State; Zip Code 119 SW Military									
		San Antonio, TX 78245									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 18/29 Rpt: 23/35		Cortez, Philip (The Honorable)					00067628			
4	Date 09/19/2024		Payee name Office Depot								
6	Amount (\$) \$131.87	7       Payee address;       City;       State;       Zip Code         .87       119 SW Military         San Antonio, TX 78245									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Office Supplies											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office held			
	Date		Payee name								
	09/26/2024		Piryx								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$12.90     \$95 Market Street										
			San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Fees	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office held			
	Date		Payee name								
	09/12/2024		Reinhard, Hannah								
	Amount (\$) \$1,822.63		Payee address; City; Sta 227 DWYER AVE 275 SAN ANTONIO, TX 78204	te; Zip	Code						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	chedule)	(b)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense + salary			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Overhead/Rental Expense     Trai       Food/Beverage Expense     Polling Expense     Trai       By -     Gift/Awards/Memorials Expense     Printing Expense     Trai       cal Committee     Legal Services     Salaries/Wages/Contract Labor     OTH       The Instruction Guide explains how to complete this form.						Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 19/29 Rpt: 24/35	С	ortez, Philip (The Hono	rable)				00067628				
4	Date	5 Pa	ayee name									
	07/29/2024		Reinhard, Hannah									
6	Amount (\$)	<b>7</b> P	Payee address; City; State; Zip Code									
	\$629.88	227 DWYER AVE										
		2	75									
		S	AN ANTONIO, TX 7820	)4								
8	PURPOSE	<b>(a)</b> C	ategory (See Categories listed	at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		alaries/Wages/Contrac		iouuloj		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITORE							officeholder living	expense			
						Reimbursem	ent					
								0111				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name		Office sou	int		Office he	20			
	Date	P	ayee name									
	08/23/2024	R	einhard, Hannah									
	Amount (\$)	P	ayee address; City;	State;	; Zip Co	le						
	\$591.18	2	27 DWYER AVE									
		2	75									
		S	AN ANTONIO, TX 7820	)4								
	PURPOSE	<b>(a)</b> C	ategory (See Categories listed	at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		alaries/Wages/Contrac					de of Texas. Com				
	-					Reimbursem		officeholder living	expense			
						Reinbursen	CIII					
	Complete ONLY if direct	Ca	ndidate/Officeholder name	. (	Office sou	iht		Office he	eld			
	expenditure to benefit C/OI			_		,						
	Date	P	ayee name									
	09/12/2024		am's Club									
	Amount (\$)		ayee address; City;	State	; Zip Co	10						
	\$128.24		150 SW Military Dr	olato,	, <u>Lip</u> 00							
	\$120.2 T	0.										
		S	an Antonio, TX 78224									
	PURPOSE OF		ategory (See Categories listed		edule)	(b) Description						
	EXPENDITURE	0	ffice Overhead/Rental	Expense				de of Texas. Com officeholder living				
						Office supplie		uncentituer invirg	chpense			
	Complete ONLY if direct	Ca	ndidate/Officeholder name	. (	Office sou	Jht		Office he	eld			
	expenditure to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Bevera Gift/Awards/ nmittee Legal Servic	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Reverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 20/29 Rpt: 25/35		Cortez, Philip (The F	lonorable)				00067628	``````````````````````````````````````	
4	Date	5	Payee name							
	09/11/2024		San Antonio Conser	ation Society						
6	Amount (\$)	7	Payee address; Ci	y; State;	Zip Co	le				
	\$500.00		107 King William Str	eet						
			San Antonio, TX 782	04						
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sch	edule)	(b) Description				
	OF	Ľ	Fees	insteu at the top of this sche	euule)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	I, TX,	, officeholder living	expense	
						Annual fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	ame C	Office sou	ht		Office he	eld	
	Date		Payee name							
	08/13/2024		Shell Oil							
_	Amount (\$)		Payee address; Ci	v: State:	Zip Co	le				
	\$111.13		606 W Theo	, ,						
	<b>\$111.10</b>									
			San Antonio, TX 782	25						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Travel In District	listed at the top of this sche	edule)			ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder r	iame C	Office sou	lht		Office he	ld	
	Date		Payee name							
	09/18/2024		Shell Oil							
	Amount (\$)		Payee address; Ci	v: State:	Zip Co	le				
	\$32.41		606 W Theo		•					
			San Antonio, TX 782	25						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Travel In District	listed at the top of this sche	edule)			ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder r	iame C	Office sou	ht	_	Office he	ld	
$\vdash$										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)							
_	Sch: 21/29 Rpt: 26/35	Cortez, Philip (The Honorable)	00067628							
4	Date 09/12/2024	Payee name Shell Oil								
6	Amount (\$) \$100.20	Payee address; City; State; Zip Code 606 W Theo San Antonio, TX 78225								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Staff fuel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date 08/12/2024	Payee name Shell								
	Amount (\$) \$39.95	Payee address; City; State; Zip Code 5815 S Pan Am Exprwy San Antonio, TX 78211								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/01/2024	Spectrum Cable								
	Amount (\$) \$115.89	Payee address;City;State;Zip Code1900 Blue Crest Ln								
		San Antonio, TX 78247								
	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense				Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2	-ILER NAME	-		-	3	Filer ID	(Ethics Commission Filers)		
	Sch: 22/29 Rpt: 27/35		Cortez, Philip (The Honorable)					00067628	、		
4	Date	5	<sup>D</sup> ayee name								
	07/31/2024		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	o of this sche	edule)	<b>b)</b> Description					
	OF EXPENDITURE	(	Office Overhead/Rental Expens	se				ide of Texas. Comp			
						DO cable	1, IX,	, officeholder living	expense		
						DO cable					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office he	ld		
	Date		Payee name								
	09/03/2024	:	Spectrum Cable								
	Amount (\$)		Payee address; City;	State:	Zip Coo	le					
	\$115.89		1900 Blue Crest Ln								
			San Antonio, TX 78247								
	PURPOSE OF		Category (See Categories listed at the top		edule)	b) Description					
	EXPENDITURE	(	Office Overhead/Rental Expens	se				ide of Texas. Comp , officeholder living			
						DO cable	I, IA,	, oncentitider innig	expense		
	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office he	ld		
	expenditure to benefit C/Oł										
-	Date	<u> </u>									
	07/29/2024		<sup>p</sup> ayee name Texas Democratic Party								
			-	Ctata	7:0 000						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le					
	\$1,300.00	· ·	1106 Lavaca, STE 100								
			Austin, TX 78701								
	PURPOSE OF		Category (See Categories listed at the top		edule)	b) Description					
	EXPENDITURE	(	Office Overhead/Rental Expens	se				ide of Texas. Comp			
						VAN	I, I A,	, officeholder living	expense		
						v / li v					
-	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office he	ld		
	expenditure to benefit C/OI			C	2.1100 3000						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial ittee Legal Services	Loan Re Office Ov nse Polling E Is Expense Printing F	bayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 23/29 Rpt: 28/35	ortez, Philip (The Honora	able)		00067628					
4	Date 07/18/2024	ayee name he Rose Boutique								
6	Amount (\$)	ayee address; City;	State; Zip C	ode						
	\$175.00	955 Cincinnati Ave. San Antonio, TX 78201								
		ategory (See Categories listed at		(b) Description						
8	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. , TX, officeholder living expense jifts								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office so	ught	Office held					
	Date	ayee name								
	07/22/2024	he Rose Boutique								
	Amount (\$)	ayee address; City;	State; Zip C	ode						
	\$175.00	55 Cincinnati Ave. an Antonio, TX 78201								
	PURPOSE OF EXPENDITURE	ategory <sub>(See Categories listed at</sub> ift/Awards/Memorials Ex			outside of Texas. Complete Schedule T. , TX, officeholder living expense jifts					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held					
	Date	ayee name								
	08/30/2024	he Rose Boutique								
	Amount (\$) \$425.00	ayee address; City; 55 Cincinnati Ave.	State; Zip C	ode						
		an Antonio, TX 78201		1						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at ift/Awards/Memorials Exp			outside of Texas. Complete Schedule T. , TX, officeholder living expense jifts					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	Jght	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office ( Polling Printing Salarie	Overhe Exper S Expe s/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 24/29 Rpt: 29/35		Cortez, Philip (The Honorable)					00067628			
4	Date	5	Payee name								
	08/16/2024		Trevino, Carlos								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$225.00		022 W. Mistletoe								
			San Antonio, TX 78201								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	cobodulo)	(b	) Description					
-	OF		Event Expense	scriedule)			outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austir	n, TX,	, officeholder living expense			
						Back to Sch	ool	Fair			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office se	ough	t		Office held			
	Date		Payee name								
	07/15/2024		USPS								
	Amount (\$)		Payee address; City; Sta	ate; Zip (	Code						
	\$20.85		1140 S Laredo St.								
			San Antonio, TX 78204								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Fees	schedule)	(b			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	ough	t		Office held			
_	Data	_									
	Date 09/06/2024		Payee name USPS								
	Amount (\$)			ate; Zip (	Code						
	\$9.85		1140 S Laredo St.								
			San Antonio, TX 78204								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b	) Description					
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.			
							1, IX,	, officeholder living expense			
						Postage					
_	Complete ONLV if direct	Ļ	andidate/Officebolder name	Office		+		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ouyn	ι		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 25/29 Rpt: 30/35	Cortez, Philip (The Honorable)	00067628							
4	Date 07/10/2024	Payee name Valero								
6	Amount (\$) \$114.45	Payee address;City;State;Zip Code6735 Medina Base RoadSan Antonio, TX 78227								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/10/2024	WUFOO.COM								
	Amount (\$) \$20.26	Payee address; City; State; Zip Code 1 Curiosity Way								
		San Mateo , CA 94403								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Urity							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/12/2024	WUFOO.COM								
	Amount (\$) \$20.26	Payee address; City; State; Zip Code 1 Curiosity Way								
		San Mateo , CA 94403								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense J <b>I'İİY</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
_	<b>T</b> ( <b>1 1 1 1 1</b>	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1: Sch: 26/29 Rpt: 31/35	Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628								
4	Date 09/10/2024	5 Payee name WUFOO.COM									
6	Amount (\$) \$20.26	7 Payee address; City; State; Zip Code 1 Curiosity Way San Mateo , CA 94403									
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Irity								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/27/2024	Walgreens-San Antonio									
	Amount (\$) \$77.91	Payee address; City; State; Zip Code 7019 South Zarzamora									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/22/2024	Walgreens-San Antonio									
	Amount (\$) \$129.85	Payee address; City; State; Zip Code 7019 South Zarzamora									
		San Antonio, TX 78224									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office O Polling E Printing Salaries	Office Overhead/Rental Expense     Tran       Polling Expense     Traw       Printing Expense     Traw       Salaries/Wages/Contract Labor     OTH				uising Expense uipment & Related Expense ict ategory not listed above)		
1	Total pages Schedule F1:	2	2 FILER NAME					Filer ID	(Ethics Commission Filers)		
	Sch: 27/29 Rpt: 32/35		Cortez, Philip (The Honorable)					00067628			
4	Date 08/21/2024	5	Payee name Walgreens-San Antonio								
6	Amount (\$) \$201.02	7	Payee address; City; State; Zip Code 7019 South Zarzamora								
			San Antonio, TX 78224								
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office hel	d		
	Date		Payee name								
	07/01/2024		White Glove Cleaning Service								
	Amount (\$) \$127.74		1910 NW Military Hwy	ate; Zip C	ode						
	PURPOSE OF EXPENDITURE	(a)	San Antonio, TX 78213 Category (See Categories listed at the top of this Office Overhead/Rental Expense	s schedule)	(b)		, TX,	de of Texas. Compl officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office hel	d		
	Date		Payee name								
	07/26/2024		White Glove Cleaning Service								
	Amount (\$) \$127.74		Payee address; City; St 1910 NW Military Hwy	ate; Zip C	ode						
			San Antonio, TX 78213		_						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	s schedule)	(b)			de of Texas. Compl officeholder living e			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office hel	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2		·		·	3	Filer ID (Ethics Commission Filers)			
-	Sch: 28/29 Rpt: 33/35	-	Cortez, Philip (The Honorable)				ľ	00067628			
4	Date	5	Payee name								
	09/03/2024		White Glove Cleaning Service								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$127.74		1910 NW Military Hwy								
			San Antonio, TX 78213								
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this coho	odulo)	<b>b)</b> Description					
-	OF		Office Overhead/Rental Expense		euule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense			
						DO cleaning					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	Office soug	ht		Office held			
	Data	<u> </u>	2								
	Date		Payee name								
	09/24/2024		White Glove Cleaning Service								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$127.74	\$127.74 1910 NW Military Hwy									
			San Antonio, TX 78213								
	PURPOSE	(a)	Category (See Categories listed at the top of	f this sche	edule)	<b>b)</b> Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	9				ide of Texas. Complete Schedule T.			
							ι, TΧ,	, officeholder living expense			
						DO cleaning					
	Operation ONITY if diverge					L-1					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought					Office held			
_		_									
	Date		Payee name								
	07/02/2024		Zoom								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$17.07		55 Almaden Blvd								
			San Jose, CA 95113								
	PURPOSE	(a)	Category (See Categories listed at the top of	f this sche	edule)	<b>b)</b> Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	2				ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						Video confer	enc	cing			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loan Offic Pollin Dense Print Sala	Repayme e Overhea ng Expens ing Expen ries/Wage	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)		
	Sch: 29/29 Rpt: 34/35		z, Philip (The Honorable	)				00067628			
4	Date 08/02/2024	Payee Zoom									
6	Amount (\$) \$17.07	55 Ali	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113								
8	PURPOSE OF EXPENDITURE		ory (See Categories listed at the t Overhead/Rental Expen		(b)		ı, TX,	de of Texas. Com officeholder living ing			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Office	sought			Office he	eld		
	Date	Payee	name								
	09/03/2024	Zoom									
	Amount (\$) \$17.07	55 Ali	address; City; maden Blvd lose, CA 95113	State; Zip	Code						
	PURPOSE OF EXPENDITURE				ı, TX,	tside of Texas. Complete Schedule T. X, officeholder living expense Icing					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Office	sought			Office he	eld		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti		pages Schedule K: 1/1 Rpt: 35/35			
2	FILER NAME			3	Filer ID	ethics Commissi	on Filers)
	Cortez, Phili	o ("	The Honorable)		00067	628	
4	Date	5	Name of person from whom amount is received	•		8 Amount (\$)	
	09/05/2024		Glider Group				\$47.60
		6	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78215				
		7		c if politio	cal conti	ribution returned to fil	er
			Website hosting refund				