

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00067628	<b>2 Total pages filed:</b> 34	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR The Honorable	FIRST Philip	MI MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Cortez	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7919 Liberty Island  San Antonio, TX 78227-4734			Date Hand-delivered or Date Postmarked
	Receipt #		Amount	Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Ms.	FIRST Rose	MI MI	
	NICKNAME	LAST Cortez	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 351 McNarney  San Antonio, TX 78211			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (210)	PHONE NUMBER 923-1557	EXTENSION	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 09/27/2024	THROUGH	Month    Day    Year 10/26/2024	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any) State Representative District 117		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 117	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 34

**13 C / OH NAME** Cortez, Philip (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00067628

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	71,123.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	31,430.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	101,099.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

The Honorable Philip Cortez  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 34

<b>18 FILER NAME</b> Cortez, Philip (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00067628
--	---

<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 68,600.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,523.44
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 31,430.26
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/11 Rpt: 4/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ACEC PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin , TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ancira Strategic Partners LLP <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Associated General Contractors of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin Firefighters Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78752	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Border Health PAC <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/34
2 FILER NAME Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown & McDonald PLLC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78216	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brynes, Jeremy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77057	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavender, Rick	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78257	
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) Cavender Auto Family
Date 10/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00039305</u> ) Citigroup Political Action Committee	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davidson Trolio Ream & Garza	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  San Antonio , TX 78216	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 6/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deputy Sheriff's Association of Bexar County PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78217		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foley & Lardner LLP Texas Campaign Fund	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of San Antonio Leaders for University of Texas Excellence	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00266585</u> ) Greenberg Traurig, P.A. PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code  Albany , NY 12207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Jr, Heriberto	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78264		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Avanzar Interior Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/11 Rpt: 7/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartman, Gordon <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Developer		<b>9</b> Employer (See Instructions) Gordon Hartman Enterprises
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillco PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogan, Michael <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Homespring Residential Services
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HomePAC of Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Fire Fighters PAC <hr/> Contributor address; City; State; Zip Code  Houston , TX 77009	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/34
2 FILER NAME Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Ancira Strategies	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code  Taylor, TX 76574	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamath, Suren	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self Employed
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer Konsulting LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Eastland, TX 76448	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killen Griffin & Farrimond PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78216	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 9/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Macon, Jane	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205		
<b>8</b> Principal occupation / Job title (See Instructions) Partner		<b>9</b> Employer (See Instructions) Bracewell LLP
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Macon, R. Laurence	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mission Business PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Universal City , TX 78148		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Robert	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Southlake , TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00283135 ) NABIP Texas PAC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Cranford, NJ 07016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/11 Rpt: 10/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oberhoff, Donica	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ocanas, Gilberto	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Ocanas Group
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oncor Texas State Political Action Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75202-1234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poneck, Douglas (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Escamilla & Poneck LLC
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ross Properties, LLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  San Antonio, TX 78228		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/34
2 FILER NAME Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) San Antonio Apartment Association PAC	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78249	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) San Antonio Fire & Police Pens Assn PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78216	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) San Antonio Professional Firefighters PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serna, Baltazar	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78205	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TBA Bank PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 12/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TSA PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TXCPA PAC <hr/> Contributor address; City; State; Zip Code  Addison, TX 75001	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TXTA TRUCKPAC <hr/> Contributor address; City; State; Zip Code  Austin , TX 75701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tenaska Employees Texas PAC <hr/> Contributor address; City; State; Zip Code  Omaha, TX 68154	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 13/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Beverage Alliance <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Building Branch AGC PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Dairymen PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78711	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Farm Bureau AgFund <hr/> Contributor address; City; State; Zip Code  Waco, TX 76702	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association PAC <hr/> Contributor address; City; State; Zip Code  Austin , TX 78701	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 14/34
<b>2</b> FILER NAME Cortez, Philip (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$3,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00142711</u> ) The Boeing Company PAC <hr/> Contributor address; City; State; Zip Code  Arlington, VA 22202-4208	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) USAA Employee PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78288	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 15/34	
2 FILER NAME Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/02/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macon, Jane	8 Amount of contribution (\$) \$824.80	9 In-kind contribution description Food for fundraiser
	7 Contributor address; City; State; Zip Code  San Antonio, TX 78205	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Partner		11 Employer (FOR NON-JUDICIAL) (See instructions) Bracewell LLP	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montford, John	Amount of contribution (\$) \$824.80	In-kind contribution description Food for fundraiser
	Contributor address; City; State; Zip Code  San Antonio, TX 78257	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Self employed		Employer (FOR NON-JUDICIAL) (See instructions) JTM Consulting, LLC,	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$250.00	In-kind contribution description Event advertising
	Contributor address; City; State; Zip Code  Austin, TX 78768	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 16/34	
2 FILER NAME Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/23/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description Event advertising
	7 Contributor address; City; State; Zip Code  Austin, TX 78768	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$373.84	In-kind contribution description Food for fundraiser
	Contributor address; City; State; Zip Code  Austin, TX 78768	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/18 Rpt: 17/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/10/2024	<b>5</b> Payee name 13th Floor	
<b>6</b> Amount (\$) \$1,419.45	<b>7</b> Payee address; City; State; Zip Code 1203 E Commerce  San Antonio , TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Middle school donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name 823 Congress Garage	
Amount (\$) \$27.06	Payee address; City; State; Zip Code 910 Brazos St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name AT&T	
Amount (\$) \$120.78	Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/18 Rpt: 18/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/26/2024	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$207.49	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name BDR Services	
Amount (\$) \$1,274.00	Payee address; City; State; Zip Code 2610 Tillie Drive  San Antonio , TX 78222	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field team
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name BDR Services	
Amount (\$) \$1,370.00	Payee address; City; State; Zip Code 2610 Tillie Drive  San Antonio , TX 78222	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field team
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/18 Rpt: 19/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
---	---	--

<b>4</b> Date 10/15/2024	<b>5</b> Payee name Bear Pages LLC
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$606.15	<b>7</b> Payee address; City; State; Zip Code 640 Lakeland East Drive Suite A Flowood , MS 11711
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday cards
---------------------------------	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/27/2024	Payee name Bohanan's
--------------------	-------------------------

Amount (\$) \$419.67	Payee address; City; State; Zip Code 219 E Houston Street  San Antonio , TX 78205
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/21/2024	Payee name Buc-ees
--------------------	-----------------------

Amount (\$) \$63.45	Payee address; City; State; Zip Code 2760 I-35  New Braunfels, TX 78130
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Fuel
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/18 Rpt: 20/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/18/2024	<b>5</b> Payee name Central Catholic HS	
<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code 1403 N St Mary's St  San Antonio, TX 78215	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Central Catholic HS	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 1403 N St Mary's St  San Antonio, TX 78215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Cheddars	
Amount (\$) \$71.46	Payee address; City; State; Zip Code 15284 Noth, IH-35  Selma, TX 78154	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/18 Rpt: 21/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/09/2024	<b>5</b> Payee name Cortez, Philip	
<b>6</b> Amount (\$) \$615.17	<b>7</b> Payee address; City; State; Zip Code 7919 Liberty Island  San Antonio, TX 78227	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation, meals
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Cosmo technology rentals	
Amount (\$) \$975.00	Payee address; City; State; Zip Code 616 Rhapsody Drive  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Cyndi Rodriguez	
Amount (\$) \$204.00	Payee address; City; State; Zip Code 170 Brandywine Ave.  San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 6/18 Rpt: 22/34	<b>2</b>	FILER NAME Cortez, Philip (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067628
<b>4</b>	Date 10/10/2024	<b>5</b>	Payee name Don Pedro		
<b>6</b>	Amount (\$) \$124.97	<b>7</b>	Payee address; City; State; Zip Code 1526 SW Military Dr  San Antonio, TX 78221		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/07/2024		Payee name Election Support Services		
	Amount (\$) \$2,600.00		Payee address; City; State; Zip Code 2611 Rompel Pass  San Antonio, TX 78232		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach materials		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/16/2024		Payee name Election Support Services		
	Amount (\$) \$10,922.00		Payee address; City; State; Zip Code 2611 Rompel Pass  San Antonio, TX 78232		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/18 Rpt: 23/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
---	---	--

<b>4</b> Date 10/02/2024	<b>5</b> Payee name Google
-----------------------------	-------------------------------

<b>6</b> Amount (\$) \$15.35	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre  Parkway Mountain View , CA 94043
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite
---------------------------------	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/30/2024	Payee name HEB Gas
--------------------	-----------------------

Amount (\$) \$96.63	Payee address; City; State; Zip Code 6818 S Zarzamora  San Antonio, TX 78224
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff fuel
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/15/2024	Payee name HEB Gas
--------------------	-----------------------

Amount (\$) \$99.72	Payee address; City; State; Zip Code 6818 S Zarzamora  San Antonio, TX 78224
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff fuel
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/18 Rpt: 24/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/21/2024	<b>5</b> Payee name HEB Gas	
<b>6</b> Amount (\$) \$113.07	<b>7</b> Payee address; City; State; Zip Code 6818 S Zarzamora  San Antonio, TX 78224	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff fuel
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/22/2024	Payee name HEB Gas	
Amount (\$) \$80.13	Payee address; City; State; Zip Code 6818 S Zarzamora  San Antonio, TX 78224	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/25/2024	Payee name HEB	
Amount (\$) \$121.16	Payee address; City; State; Zip Code 6818 S Zarzamora  San Antonio, TX 78224	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/18 Rpt: 25/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
---	---	--

<b>4</b> Date 10/17/2024	<b>5</b> Payee name J. Alexander's
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$152.38	<b>7</b> Payee address; City; State; Zip Code 255 East Basse Rd. Suite 300 San Antonio, TX 78209
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
---------------------------------	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/07/2024	Payee name JVC Media, LLC
--------------------	------------------------------

Amount (\$) \$1,601.09	Payee address; City; State; Zip Code 9335 Lamerton  San Antonio, TX 78250
---------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach materials
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/21/2024	Payee name Jaramillo, Leo
--------------------	------------------------------

Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 330 West Baetz  San Antonio, TX 78221
---------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/18 Rpt: 26/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
--	---	--

<b>4</b> Date 09/27/2024	<b>5</b> Payee name La Fogata Mexican Restaurant
-----------------------------	---

<b>6</b> Amount (\$) \$99.02	<b>7</b> Payee address; City; State; Zip Code 2427 Vance Jackson  San Antonio, TX 78213
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal
---------------------------------	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/04/2024	Payee name La Fogata Mexican Restaurant
--------------------	--

Amount (\$) \$138.25	Payee address; City; State; Zip Code 2427 Vance Jackson  San Antonio, TX 78213
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff food
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/04/2024	Payee name Love's Travel Stop
--------------------	----------------------------------

Amount (\$) \$40.71	Payee address; City; State; Zip Code 11361 I-35  Von Ormy, TX 78073
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff fuel
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/18 Rpt: 27/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/22/2024	<b>5</b> Payee name MailChimp	
<b>6</b> Amount (\$) \$98.07	<b>7</b> Payee address; City; State; Zip Code 512 Means Street  Atlanta, GA 30318	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-blast
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/30/2024	Payee name Nava Photography	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 27583 Old Blanco Rd.  San Antonio, TX 78260	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography on location
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/15/2024	Payee name Office Depot	
Amount (\$) \$32.24	Payee address; City; State; Zip Code 119 SW Military  San Antonio, TX 78245	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/18 Rpt: 28/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/09/2024	<b>5</b> Payee name Party Hat Celebrations	
<b>6</b> Amount (\$) \$108.25	<b>7</b> Payee address; City; State; Zip Code 555 W Bitters Rd Suite 124 San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Piryx	
Amount (\$) \$86.00	Payee address; City; State; Zip Code 995 Market Street  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name Pizza Hut	
Amount (\$) \$46.34	Payee address; City; State; Zip Code 1749 SW Loop 410  San Antonio, TX 78227	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/18 Rpt: 29/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 09/30/2024	<b>5</b> Payee name QT	
<b>6</b> Amount (\$) \$102.28	<b>7</b> Payee address; City; State; Zip Code 310 San Pedro Ave  San Antonio, TX 78212	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff fuel
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Reinhard, Hannah	
Amount (\$) \$2,709.22	Payee address; City; State; Zip Code 227 Dwyer Avenue 275 SAN ANTONIO, TX 78204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary and reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Rey Feo Consejo Educational Foundation	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1901 NW Military Hwy Ste 102 San Antonio, TX 78213	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/18 Rpt: 30/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/22/2024	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$237.29	<b>7</b> Payee address; City; State; Zip Code 3150 SW Military Dr  San Antonio, TX 78224	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Spectrum Cable	
Amount (\$) \$115.89	Payee address; City; State; Zip Code 1900 Blue Crest Ln  San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DO cable
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Tex Best Gas	
Amount (\$) \$56.34	Payee address; City; State; Zip Code 2131 TX-80  Lulling, TX 78648	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/18 Rpt: 31/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/15/2024	<b>5</b> Payee name The Hayden	
<b>6</b> Amount (\$) \$58.61	<b>7</b> Payee address; City; State; Zip Code 4025 Broadway  San Antonio, TX 78209	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name Tiff's Treats	
Amount (\$) \$145.35	Payee address; City; State; Zip Code 8310 N Capital of Texas Hwy # 110  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memorial expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Towne Park Valet	
Amount (\$) \$27.06	Payee address; City; State; Zip Code 23808 Resort Parkway  San Antonio, TX 78261	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/18 Rpt: 32/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/22/2024	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$10.45	<b>7</b> Payee address; City; State; Zip Code 1140 S Laredo St.  San Antonio, TX 78204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/25/2024	Payee name USPS	
Amount (\$) \$141.00	Payee address; City; State; Zip Code 1140 S Laredo St.  San Antonio, TX 78204	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO box renewal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/21/2024	Payee name Uber	
Amount (\$) \$20.99	Payee address; City; State; Zip Code 1455 Market Street  San Francisco , CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride share fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/18 Rpt: 33/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 10/10/2024	<b>5</b> Payee name WUFOO.COM	
<b>6</b> Amount (\$) \$20.26	<b>7</b> Payee address; City; State; Zip Code 1 Curiosity Way  San Mateo , CA 94403	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Security
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Westin Riverwalk SA	
Amount (\$) \$21.65	Payee address; City; State; Zip Code 420 W Market Street  San Antonio, TX 78205	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name White Glove Cleaning Service	
Amount (\$) \$127.74	Payee address; City; State; Zip Code 1910 NW Military Hwy  San Antonio, TX 78213	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DO cleaning
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/18 Rpt: 34/34	<b>2</b> FILER NAME Cortez, Philip (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067628	
<b>4</b> Date 10/02/2024	<b>5</b> Payee name Zoom		
<b>6</b> Amount (\$)  \$17.07	<b>7</b> Payee address; City; State; Zip Code 55 Almaden Blvd  San Jose, CA 95113		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video conferencing	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held