# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filer) 00067628		2 Total pages filed: 112
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Philip			Date Received
'"""				ELECTRONICALLY FILED
	NICKNAME LAST		SUFFIX	07/15/2025
	Cortez			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	7919 Liberty Island			
ADDRESS				Receipt # Amount
Change of Address	San Antonio, TX 78227-4734			
	San Antonio, 1X 70227-4734			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	
NAME	Ms. Rose			
	NICKNAME LAST		SUFFIX	
	Cortez			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	SE); APT / SUIT	E#; CITY;	STATE; ZIP CODE
TREASURER	351 McNarney			
ADDRESS				
(Residence or Business)	San Antonio, TX 78211			
	San Antonio, 1X 70211			
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(210) 923-1557			
PHONE				
8 REPORT				
TYPE	January 15 30th day b	pefore election Runoff		15th day after campaign treasurer
				appointment (officeholder only)
	X July 15 Sth day be	efore election Exceede reporting	ed modified g limit	Final Report (Attach C/OH-FR)
	<u> </u>		<u> </u>	
9 PERIOD COVERED	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	
10 ELECTION	ELECTION DATE		CTION TYPE	_
	Month Day Year	Primary	Runoff	Other
		General	Special	
11 OFFICE	OFFICE HELD (if any)	12 OF	FICE SOUGHT	(if known)
	State Representative District 117			tive District 117
	G	O TO PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 112

13 C / OH NAME	Cortez, Philip (The H	onorable)	<b>14</b> Filer ID (	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 22,353.50
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 79,838.23
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 71,071.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Her	norable Philip Cortez	
			Candidate or Officehole	
AFFIX NO	TARY STAMP / SEAL AB	•		
Sworn to and subs	cribed before me. by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	,, , , , , , , , , , , , , , , , ,	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

			C	OVER	SHEET PG 3 3 of 112
	ER NAM	(Ethics C	ommission Filers)		
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,653.50
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	700.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	79,838.23	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/112	
2	FILER NAME Cortez, Philip	o (The Honorable)				3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 06/25/2025	<ul><li>5 Full name of contributor Dang, Ruby</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Houston, TX 77010 pation / Job title (See Instruction	s)	9	Employer (See Instructions	 ;)		
	Client Servic	es			GHA			
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Garcia, Gilbert  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00		
	Dein sin al a seco	Houston, TX 77025	- \ T			<u></u>		
	Finance	pation / Job title (See Instruction	S)		Employer (See Instructions GHA	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)	Π	Amount of Contribution (\$)	
	06/27/2025 Houston Fire Fighters PAC  Contributor address; City; State; Zip Code				(,	\$2,500.00		
		Houston , TX 77009						
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	<u>.                                    </u>		
	Date 06/24/2025	Full name of contributor J. Ancira Strategies Contributor address; City; S Taylor, TX 76574			)		Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor Miller, William Contributor address; City; S Austin, TX 78703	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$2,000.00
	Principal occu Lobbyist	pation / Job title (See Instruction	s)		Employer (See Instructions HILLCO	s)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comp	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/112			
2	FILER NAME Cortez, Philip	o (The Honorable)			3	Filer ID (Ethics Commission 00067628	on Filers)
4	Date 06/24/2025	te   5 Full name of contributor   out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$250.00	
		Austin , TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/23/2025	Reinhard, Hannah				Amount of Contribution (\$)	\$3.50
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions			
	Staffer	pation 7 300 title (See Instructions)		State of Texas	,		
	Date 06/30/2025	Full name of contributor out-of-sta  Rodriguez, Marc  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701					
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Offices of Marc Rodrigue			
	Date 06/24/2025	Texas Medical Association PAC	ate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/23/2025	Full name of contributor out-of-star Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Cod		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			L_				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/112	
	FILER NAME Cortez, Phili	p (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
	Date 06/24/2025	Full name of contributor	7 Amount of Contribution (\$) \$2,500.00	
		San Antonio, TX 78269		
8 1	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$1,500.00
-	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	s)

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/112 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cortez, Philip (The Honorable) 00067628 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/24/2025 **TREPAC** \$700.00 Fundraising event 7 Contributor address; City; State; Zip Code Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services  The Instruction G	•		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
_	Total pages Cabadula 54:	12			ac enplaine				٦.	Filor ID	(Ethics Commission Filers)
	Total pages Schedule F1:				hlo)				3	Filer ID	(Eulics Collinission Filers)
	Sch: 1/105 Rpt: 8/112		Cortez, Phil	ip (The Honoral	uie)					00067628	
4	Date	5	Payee name								
	01/13/2025		7-Eleven								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$92.58		7930 Callag	ıhan Rd							
			San Antonio	TY 78220							
<u>_</u>	DUDDOS-	<u> </u>					/l- \				
8	PURPOSE OF	(a)		ee Categories listed at t			(b)	Description		d4.T O	under Och edule T
	EXPENDITURE		-	ion Equipment	And Related	a		=		de of Texas. Con officeholder livin	nplete Schedule T.
			Expense					Fuel	, , ,,	S.IIGGIIGIGGI IIVIII	g oxposido
_	Complete ONLY if direct	<u></u>	Candidata/O#	coholdor name		Office sour	ab+			Office h	vold.
9	Complete ONLY if direct expenditure to benefit C/O		Januluale/Offi	ceholder name	C	Office sou	ynt			Onice h	leiu
L	· 										
	Date		Payee name								
	02/06/2025		7-Eleven								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de				
	\$61.26		7930 Callag	han Rd							
			San Antonio	o, TX 78229		•					
	PURPOSE OF	(a)	Category (Se	ee Categories listed at t	the top of this sch	nedule)	(b)	Description			
	EXPENDITURE			ion Equipment <i>i</i>	And Related	d		<b>=</b>			nplete Schedule T.
			Expense					Fuel Check if Austin	, IX,	officeholder livin	ig expense
								ı u <del>c</del> ı			
<u> </u>	Complete ONU V if alice	Ļ	Danalide to 10 "			<b>D#</b> ina	a. la ±			Off:!	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(	Office sou	ynt			Office h	leiu
	,	_									
	Date		Payee name								
	06/26/2025		7-Eleven								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$39.17		7930 Callag								
			San Antonio	o, TX 78229							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			ion Equipment		,			outsi	de of Texas. Con	mplete Schedule T.
	EVLENDIIOKE		Expense	• •				_	, TX,	officeholder livin	g expense
								Fuel			
		L									
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H									

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/105 Rpt: 9/112	Cortez, Philip (The Honorable) 00067628	
4	Date	5 Payee name	
	05/02/2025	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$49.79	7930 Callaghan Rd	
		San Antonio, TX 78229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Fuel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
ľ	expenditure to benefit C/OI		
	Date	Payee name	=
	01/15/2025	823 Congress Garage	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$25.95	910 Brazos St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Parking fee	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	•		_
	Date	Payee name	
	06/25/2025	823 Congress Garage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.06	910 Brazos St	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Parking fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
			_

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 3/105 Rpt:	: 2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (E	Ethics Commission Filers)
4	Date 01/06/2025	5 Payee name AT&T	
6	Amount (\$) \$293.94		
8	PURPOSE OF EXPENDITURE	Carol Stream , IL 60197  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exp	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 01/08/2025	Payee name AT&T	
	Amount (\$) \$70.60	Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder living exp	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date 01/27/2025	Payee name AT&T	
	Amount (\$) \$228.59	Payee address; City; State; Zip Code P.O. BOX 5006	
		Carol Stream , IL 60197	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder living exp	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
1	Total pages Schedule F1: Sch: 4/105 Rpt:	FILER NAME     Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628
4	Date 02/10/2025	5 Payee name AT&T	I
6	Amount (\$) \$71.94	7 Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Equipment fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/27/2025	Payee name AT&T	
	Amount (\$) \$223.41	Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Equipment fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/11/2025	Payee name AT&T	
	Amount (\$) \$70.60	Payee address; City; State; Zip Code P.O. BOX 5006	
		Carol Stream , IL 60197	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Equipment fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	nple	ete this form.
1	Total pages Schedule F1: Sch: 5/105 Rpt:	FILER NAME     Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
4	Date 03/27/2025	5 Payee name AT&T		·
6	Amount (\$) \$223.40	7 Payee address; City; State; Zip Cor P.O. BOX 5006 Carol Stream , IL 60197	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Equipment fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 04/11/2025	Payee name AT&T		
	Amount (\$) \$70.60	Payee address; City; State; Zip Cor P.O. BOX 5006 Carol Stream , IL 60197	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Equipment fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 04/28/2025	Payee name AT&T		
	Amount (\$) \$223.40	Payee address; City; State; Zip Cor P.O. BOX 5006	de	
		Carol Stream , IL 60197		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Equipment fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ght	Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	05/12/2025	AT&T
6	Amount (\$) \$70.60	7 Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Equipment fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	AT&T
	Amount (\$) \$227.16	Payee address; City; State; Zip Code P.O. BOX 5006  Carol Stream , IL 60197
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Equipment fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/09/2025	AT&T
	Amount (\$) \$75.64	Payee address; City; State; Zip Code P.O. BOX 5006
		Carol Stream , IL 60197
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Equipment fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	06/27/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$227.16	P.O. BOX 5006
		Carol Stream , IL 60197
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Equipment fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	01/29/2025	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	Po Box 41983
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking fee
		Taking loo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	04/04/2025	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	Po Box 41983
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking fee
		Faiking lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 8/105 Rpt:	Cortez, Philip (The Honorable)  00067628
4 Date	5 Payee name
01/15/2025	Aiden by Best Western
6 Amount (\$) \$372.06	7 Payee address; City; State; Zip Code 2200 IH 35 Frontage Rd.  Austin, TX 78704
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense  Session Lodging
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/13/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$84.88	440 Terry Avenue North
DUDDOCE	Seattle, WA 98109
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/14/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$16.95	440 Terry Avenue North
	Seattle, WA 98109
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Supplies
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		bove)
_	Tatal as a second of Education Education		-: =::
1	Total pages Schedule F1: Sch: 9/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commiss 00067628	sion Filers)
4	Date	5 Payee name	
	01/31/2025	Amazon	
6	Amount (\$) \$101.04	7 Payee address; City; State; Zip Code 440 Terry Avenue North	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	02/11/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$96.30	440 Terry Avenue North	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Supplies	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Office held	
	Date	Payee name	
	02/24/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$116.16		
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Supplies	
_	Operation Children	Operation to 100% and the contract of the cont	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/105 Rpt:	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		
	02/25/2025	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$31.36	440 Terry Avenue North		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	(-,	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense Supplies
				Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
L	03/10/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$237.06	440 Terry Avenue North		
		Soottle, WA 00100		
┡	PURPOSE	Seattle, WA 98109	/h\	Providetica
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(0)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Omeo Overnoud/Nemai Expense		Check if Austin, TX, officeholder living expense
				Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught	Office held
	expenditure to benefit C/OI		J	
F	Date	Payee name		
	03/20/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$198.94	440 Terry Avenue North		
		0		
		Seattle, WA 98109	<i>a</i> >	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nerital Expense		Check if Austin, TX, officeholder living expense
				Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
	expenditure to benefit C/OI		agrit	Office field

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/24/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.19	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/11/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.27	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		<u> </u>
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	04/17/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.89	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨		
	Date	Payee name
L	04/30/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$459.63	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
	05/02/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.64	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	05/05/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.22	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	05/07/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.04	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davies name
	05/13/2025	Payee name Amazon
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.78	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

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

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Cortez, Philip (The Honorable) 00067628
5 Payee name
Amazon
7 Payee address; City; State; Zip Code
440 Terry Avenue North
Seattle, WA 98109
(a) Category (See Categories listed at the top of this schedule) (b) Description
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
supplies
Supplied Supplied
Candidate/Officeholder name Office sought Office held
H
T
Payee name
Amazon
Payee address; City; State; Zip Code
440 Terry Avenue North
Seattle, WA 98109
(a) Category (See Categories listed at the top of this schedule) (b) Description
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Supplies
Supplies
Candidate/Officeholder name Office sought Office held
H
<u> </u>
Payee name
Amazon
Payee address; City; State; Zip Code
440 Terry Avenue North
South WA 09100
Seattle, WA 98109
(a) Category (See Categories listed at the top of this schedule) (b) Description
(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.
(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
(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.
(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 suppplies
(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 suppplies  Candidate/Officeholder name  Office sought  Office held
(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 suppplies
(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 suppplies  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628
4	Date 05/27/2025	5 Payee name Amazon
6	Amount (\$) \$411.11	7 Payee address; City; State; Zip Code 440 Terry Avenue North
8	PURPOSE OF EXPENDITURE	Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/30/2025	Payee name Amazon
	Amount (\$) \$62.34	Payee address; City; State; Zip Code 440 Terry Avenue North
	PURPOSE OF EXPENDITURE	Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/09/2025	Payee name Amazon
	Amount (\$) \$116.99	Payee address; City; State; Zip Code 440 Terry Avenue North
		Seattle, WA 98109
	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  Supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 16/105 Rpt:	Cortez, Philip (The Honorable)		00067628
4 Date	5 Payee name		<u> </u>
06/10/2025	Amazon		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$36.79	440 Terry Avenue North		
	Seattle, WA 98109		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	`´	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	·		Check if Austin, TX, officeholder living expense
			Supplies
		<u> </u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ught	Office held
	· ·		
Date	Payee name		
06/16/2025	Amazon		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$83.61	440 Terry Avenue North		
	Seattle, WA 98109		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE			Check if Austin, TX, officeholder living expense
			Supplies
Complete ONLY if direct	Condidate/Officeholder name Office on	ıabt	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou Office sou	agni	Office held
	i		
Date	Payee name		
06/30/2025	Anedot		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$324.60	1340 Poydras Street		
	Suite 1770		
	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Donation fees
			Donation lees
Complete ONLY if direct	Condidate/Officeholder name	ıabt	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	aynt	Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W  The Instruction Guide explains how to con-		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/105 Rpt:	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		
	01/27/2025	Angie's Mexican Restaurant		
6	Amount (\$) \$125.10	7 Payee address; City; State; Zip Co. 1307 E. 15th St.  Austin, TX 78702	de	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght	Office held
	Date	Payee name		
	06/27/2025	Apple		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$41.14	1 Infinite Loop		
		Cupertino, CA 95014		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Supplies
L	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	Complete ONLY if direct expenditure to benefit C/Ol		ynı	Office field
H		T		
	Date	Payee name		
	05/09/2025	Arnold , Elaine		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$275.00	7809 Valburn Drive		
		Austin, TX 78731		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Staff gifts
				Cian gino
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		J. 16	555 Hold
-				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628
4	Date 03/20/2025	5 Payee name Austin Parking Company
6	Amount (\$) \$130.00	7 Payee address; City; State; Zip Code 13706 Research Blvd austin , TX 78750
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/14/2025	Payee name Bee's Mexican Restaurant
	Amount (\$) \$28.79	Payee address; City; State; Zip Code  808 Lockhill Selma Rd  San Antonio, TX 78213
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/07/2025	Payee name Best Buy
	Amount (\$) \$1,614.69	Payee address; City; State; Zip Code 6001 Northwest Loop 410
		San Antonio, TX 78238
	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  Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	mmittee	Gift/Awards/Memori Legal Services  The Instruction	·		/ages	Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above)
1	Total pages Schedule F1:	12	EII ED NIANAF				-	-	2	Filer ID	(Ethics Commission Filers)
	Sch: 19/105 Rpt:	ı		ip (The Honor	able)					00067628	,
4	Date	5	Payee name								
	02/07/2025		Best Buy								
6	Amount (\$) \$35.69		Payee addres 6001 North San Antonio	west Loop 410		e; Zip Co	de				
8	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this scl	hedule)	(b)	Description			
	OF EXPENDITURE			head/Rental E		<del>-</del> /		Check if travel		de of Texas. Coi officeholder livir	mplete Schedule T. ng expense
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld
	Date		Payee name								
	03/07/2025		Best Buy								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$124.47		6001 North	west Loop 410	)						
		_	San Antonio								
	PURPOSE OF			ee Categories listed a		hedule)	(b)	Description	outc:	do of Toyon Co	mploto Schodulo T
	EXPENDITURE		Office Over	head/Rental E	xpense			<b>-</b>		de of Texas. Coi officeholder livir	mplete Schedule T. ng expense
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld
	Date		Payee name	-							
	04/14/2025		Best Buy								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$108.24		6001 North	west Loop 410	)						
			San Antonio	o, TX 78238							
	PURPOSE OF			ee Categories listed a		hedule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental E	xpense			<b></b>		de of Texas. Co officeholder livir	mplete Schedule T. ng expense
								Supplies	, . , ,	z.rolder nvii	J . T
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld
	· · · · ·	TI									

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	05/27/2025	Best Buy
6	Amount (\$) \$64.94	7 Payee address; City; State; Zip Code 6001 Northwest Loop 410
		San Antonio, TX 78238
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  Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2025	Brothers Valet Parking
	Amount (\$) \$25.95	Payee address; City; State; Zip Code 11505 Oak Knoll Dr
		Austin , TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Valet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2025	Brothers Valet Parking
	Amount (\$) \$25.95	Payee address; City; State; Zip Code 11505 Oak Knoll Dr
		Austin , TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	04/01/2025	Brothers Valet Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.35	11505 Oak Knoll Dr
		Austin , TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking fee
		T diking too
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	04/10/2025	Brothers Valet Parking
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$51.90	11505 Oak Knoll Dr
	Ψ31.30	11303 Ouk Kiloli Bi
		Austin , TX 78759
L	PURPOSE	La v
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Parking fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/29/2025	Brothers Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.95	11505 Oak Knoll Dr
		Austin , TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Parking fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	06/03/2025	Brothers Valet Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.90	11505 Oak Knoll Dr
		Austin , TX 78759
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/25/2025	Brothers Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	11505 Oak Knoll Dr
		Austin , TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking fee
	Complete ONLY if direct	Constitute / Office helder no year
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/28/2025	Brothers Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	11505 Oak Knoll Dr
		Austin , TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	·

#### SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
				The Instruction C	suide explains i	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 23/105 Rpt:		Cortez, Phili	p (The Honora	ıble)					00067628		
4	Date	5	Payee name					•	_			
l	04/08/2025		Buc-ees									
٦	Amount (\$)	-	Payee addres	ss; City;	Ctoto:	Zip Co	do					
ľ	` '	'	2760 I-35	ss, City,	Siale,	Zip Cu	ue					
l	\$48.92		2700 1-35									
l												
l			New Braunf	els, TX 78130								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE			on Equipment				Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
l	LAFLINDITORL		Expense					ш.	, TX	officeholder livin	g expense	
l								Fuel				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
l	expenditure to benefit C/O	Н										
F	Date		Payee name									
l	05/27/2025		Canva									
⊢	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	nde					
l	\$399.60		110 Kippax		Olulo,	Zip 00	uc					
	φ399.00		ττο Κιρραλ	Sireet								
			Surry Hills A	ustralia								
l	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Ex	rpense			<b>=</b>			nplete Schedule T.	
l								<b>—</b>		officeholder livin	g expense	
								Graphic desig	yıı ı	account		
┡	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2											
l	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
L												
	Date		Payee name									
l	04/01/2025		Capitol Gift	Shop								
Г	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
l	\$203.51		1400 Congr	ess Ave								
l			· ·									
l			Austin , TX	78701								
┡		ļ.,										
l	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T.	
l	EXPENDITURE		Gift/Awards/	Memorials Ex	oense			브		officeholder livin	•	
l								Constituent g			g expense	
								g	,			
$\vdash$	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name		Office sou	abt			Office h	مام	
	expenditure to benefit C/O		Canuluale/Offic	enoluel Hallie	C	7111CE 50U	grit			Office fi	ciu	
$\vdash$	•											

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	01/30/2025	Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.10	PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/31/2025	Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.13	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payso nama
	05/05/2025	Payee name Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.26	1900 N. St. Mary's St.
	402.20	1000 11. Oil Mary 0 Oil
		San Antonio, TX 78212
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 25/105 Rpt:	Cortez, Philip (The Honorable)  00067628
4 Date	5 Payee name
06/09/2025	Chevron
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.42	1900 N. St. Mary's St.
	San Antonio, TX 78212
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related
	Expense Check if Austin, TX, officeholder living expense
	Fuel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/OI	•
Date	Payee name
04/14/2025	Chris Madrid
Amount (\$)	Payee address; City; State; Zip Code
\$685.79	1900 Blanco Rd.
,	
	San Antonio, TX 78212
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	School hosting
	Solitor Housing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/18/2025	Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$90.36	7715 S Zarzamora
	San Antonio , TX 78224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense  Fuel
	Fuei
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•
,	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/03/2025	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.61	7715 S Zarzamora
		San Antonio , TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	03/10/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.98	7715 S Zarzamora
		San Antonio , TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense Fuel
		ruei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/18/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.60	7715 S Zarzamora
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		San Antonio , TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Fuel
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	04/17/2025	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.10	7715 S Zarzamora
		San Antonio , TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Fuel
		Fuel
_	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.17	7715 S Zarzamora
		San Antonio , TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Fuel
		ruei
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/24/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.25	7715 S Zarzamora
		San Antonio , TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense
		Fuel
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	•

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
	·			The Instruction C	Suide explains i	now to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 28/105 Rpt:		Cortez, Phili	p (The Honora	able)					00067628		
4	Date	5	Payee name									
	06/27/2025		Circle K									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$93.43		7715 S Zarz	amora								
			San Antonio	, TX 78224								
8	PURPOSE	├		e Categories listed at	the ten of this cohe	adula)	(b)	Description				
	OF			on Equipment			( - ,	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Expense	on Equipmont	, and reduced	•		Check if Austin,	, TX,	officeholder living	g expense	
			•					Fuel				
9	Complete ONLY if direct		andidate/Offic	eholder name	С	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	05/30/2025		City Park Va	ılet								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$18.00		7604 Ashlea	of Cove								
			Austin, TN 7	'8759								
	PURPOSE	├					(h)	Description				
	OF		Fees	e Categories listed at	the top of this sche	eaule)	(~)	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		1 663					<b>-</b>		officeholder living		
								Parking fee				
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/17/2025		Clayton Spa	ngler Photogra	aphic Design							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$549.00		235 Point Lie	ck Drive								
			Charleston,	WV 25306								
	PURPOSE	<u> </u>		e Categories listed at	the ten of this sale	adula)	(b)	Description				
	OF		office display		. the top of this sche	edule)	()		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		omoo diopia	,				Check if Austin,	, TX,	officeholder living	g expense	
								Office display	/			
	Complete ONLY if direct		andidate/Offic	eholder name	С	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
l												

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	01/16/2025	Comerica Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.50	100 N. Santa Rosa
		San Antonio, TX 78207
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Non-comerica usage fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	03/07/2025	Cortez, Philip
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,639.45	7919 liberty island
		San Antonio, TX 78227
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$541.22	5611 UTSA Blvd.
		San Antonio, TX 78249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Furniture for austin apartment Check if travel outside of Texas. Complete Schedule T.
		i utilistility
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/18/2025	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	5611 UTSA Blvd.
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership Membership
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	05/20/2025	Coyote Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.69	8719 Wurzbach Rd
		San Antonio, TX 78240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense X Check if Austin, TX, officeholder living expense
		Fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/13/2025	Delta
	Amount (\$)	Payee address; City; State; Zip Code
	\$694.49	1030 Delta Blvd
		Atlanta, TX 30354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Airfare
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1
ı		

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
	Sch: 31/105 Rpt:	Cortez, Philip (The Honorable)	-,
4	Date	5 Payee name	
	01/14/2025	Dixie Flag & Banner Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.36	1930 I-35	
		San Antonio, TX 78208	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Office flags	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	01/23/2025	Domingo Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$302.22	23 N St Mary's St,	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	/n	
	Date	Payee name	
	03/03/2025	Don Pedro	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.92	1526 SW Military Dr	
L		San Antonio, TX 78221	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	PH	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Do Candidate/Offi Credit Card Paym	iceholder/Politica	/ - Il Committee	Gift/Awards/Memori Legal Services The Instruction	als Expense  Guide explains I	Printing Exp Salaries/Wa	ages/Contra			ravel Out of Dis THER (enter a		not listed above)
1 Total pages So	shedulo F1:	2 EII ED				• • • • • • • • • • • • • • • • • • • •		2 -:	iler ID	(Ethics (	Commission Filers)
Sch: 32/10			r, Philip (The Honor	able)				I	0067628	(Euilles)	
4 Date		5 Payee	name								
01/02/2025		Door D	Dash								
6 Amount (\$)	\$103.84	901 M 6th floo	address; City; arket Street or rancisco , CA 9410		; Zip Cod	de					
8 PURPOSE	:	(a) Catego	(See Categories listed a	at the top of this sch	edule)	(b) Desc	cription				
OF EXPENDITUI		1	Beverage Expense			☐ c	Check if travel of Check if Austin, d for team	, TX, off			dule T.
9 Complete ONL expenditure to			te/Officeholder name	C	Office soug	jht			Office h	eld	
Date		Payee	name								
01/13/2025		Door D	Dash								
Amount (\$)		Payee	address; City;	State;	; Zip Cod	ie et					
	\$131.07	901 M	arket Street								
		6th flo	or								
		San Fr	rancisco , CA 9410	3							
PURPOSE		(a) Catego	YY (See Categories listed a	at the top of this sch	edule)	(b) Desc	cription				
OF EXPENDITUI	RE	ı	Beverage Expense			☐ c	Check if travel of Check if Austin, d for staff	, TX, off			dule T.
Complete ONL expenditure to			te/Officeholder name	C	I Office soug	jht			Office he	eld	
Date		Payee	name								
01/22/2025		Door D									
Amount (\$)		Payee	address; City;	State;	; Zip Coo	ie e					
	\$82.22	901 M	arket Street								
		6th flo	or								
		San Fr	rancisco , CA 9410	3							
PURPOSE		(a) Catego	YY (See Categories listed a	at the top of this sch	edule)	(b) Desc	cription				
OF EXPENDITUR	RE	Food/Ł	Beverage Expense			□	Check if travel of Check if Austin, d for staff	ı, TX, offi			dule T.
Complete <u>ONL</u> expenditure to			te/Officeholder name	C	Office soug	ıht			Office he	eld	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sal		ges/Co	ontract Labor		OTHER (enter		y not listed above)	
		_		The Instruction G	uide explains how	to com	plete	this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethi	cs Commission File	ers)
	Sch: 33/105 Rpt:		Cortez, Phil	ip (The Honoral	ole)					00067628			
4	Date	5	Payee name										
	02/11/2025		Door Dash										
-	Amount (\$)	<del>  -</del>	Payee addre	ss; City;	State; Zi	n Cod							
o	` '	ľ	•		State, Zi	p Cou	C						
	\$81.37		901 Market	Sireei									
			6th floor										
			San Francis	sco , CA 94103									
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedule	) (1	<b>b)</b> D	escription					
	OF EXPENDITURE			age Expense				Check if travel o	outsi	de of Texas. Co	mplete So	hedule T.	
	EXPENDITORE							Check if Austin,	TX,	officeholder livi	ng expens	se	
							S	taff food					
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	e sougl	ht			Office I	neld		
	expenditure to benefit C/O	Н											
	Date		Payee name										
	02/28/2025		Door Dash										
	Amount (\$)	⊢	Payee addre	ss; City;	State; Zi	n Cod							
	\$150.06		901 Market		State, Zi	p Cou	C						
	\$150.00			Sireei									
			6th floor										
			San Francis	sco , CA 94103									
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedule	) (1	<b>b)</b> D	escription					
	OF EXPENDITURE			age Expense				Check if travel o	outsi	de of Texas. Co	mplete So	hedule T.	
	EXI ENDITORE							Check if Austin,		officeholder livi	ng expens	se	
							F	ood for staff					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	e sougl	ht			Office I	neld		
	experiulture to benefit C/O	П											
	Date		Payee name										
	03/03/2025		Door Dash										
	Amount (\$)		Payee addre	ss; City;	State; Zi	p Code	e						
	\$126.60		901 Market	•	,								
	7220.00		6th floor	J.: 331									
				04.044.00									
			San Francis	sco , CA 94103									
	PURPOSE OF	(a)		ee Categories listed at t	he top of this schedule	) (1	<b>b)</b> D	escription					
	EXPENDITURE		Food/Bever	age Expense			Ļ	Check if travel of					
							Ę	Check if Austin, ood for staff		officeriolaer livi	ng expens	se	
							-	oou ioi sidii					
	Operation ON V. V. V.	<u> </u>	2				l- 4			C''' '	1 -1		
	Complete ONLY if direct expenditure to benefit C/Ol		Jandidate/Offi	ceholder name	Office	e sougl	nt			Office I	пеіа		
	Englished to bottom 0/01	•											

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 34/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628
4	Date 03/10/2025	5 Payee name Door Dash	
6	Amount (\$) \$83.63	7 Payee address; City; State; Zip Code 901 Market Street 6th floor San Francisco , CA 94103	
8	PURPOSE OF EXPENDITURE	1 odd/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/24/2025	Payee name Door Dash	
	Amount (\$) \$96.54	Payee address; City; State; Zip Code 901 Market Street 6th floor San Francisco , CA 94103	
	PURPOSE OF EXPENDITURE	1 00d/Deverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/04/2025	Payee name Door Dash	
	Amount (\$) \$165.85	Payee address; City; State; Zip Code 901 Market Street 6th floor San Francisco , CA 94103	
	PURPOSE OF EXPENDITURE	1 dou/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 35/105 Rpt:	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	
	04/15/2025	Door Dash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$104.92	901 Market Street	
		6th floor	
		San Francisco , CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Food for staff
			1 dod for starr
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office Held
⊨	Data		
	Date 04/28/2025	Payee name  Door Dash	
┡			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.88	901 Market Street	
l		6th floor	
L		San Francisco , CA 94103	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
l	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Food for staff
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	05/09/2025	Door Dash	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.95	901 Market Street	
		6th floor	
l		San Francisco , CA 94103	
┝	PURPOSE		Description
l	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Food for staff
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to beliefft C/O		
_			

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	05/27/2025	Door Dash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.78	901 Market Street
		6th floor
		San Francisco , CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for staff
		1 664 161 64411
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/10/2025	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.62	901 Market Street
		6th floor
		San Francisco , CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for staff
		. 333 (3. 333)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/25/2025	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.70	901 Market Street
		6th floor
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for staff
		Fuod for Staff
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 37/105 Rpt:	Cortez, Philip (The Honorable) 00067628	
4	Date	5 Payee name	
	01/21/2025	Elegant Charter - San Antonio	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,050.00	5157 Blanco Rd	
		San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Bus rental for opening day of session	
		Bus ferrial for opening day of session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
3	expenditure to benefit C/O		
_	Date	Davis name	=
	05/21/2025	Payee name  Enterprise Pont A Car	
		Enterprise Rent-A-Car	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$744.00	816 Colorado St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Car rental	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/O		
┝	Data		_
	Date 01/29/2025	Payee name Espinoza, Raul	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	8807 Palm Beach Street	
		San Antonio, TX 78211	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense School donation	
		Sonor donation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/105 Rpt:	Cortez, Philip (The Honorable)	00067628
4		5 Payee name	
L	05/09/2025	Espinoza, Raul	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	8807 Palm Beach Street	
		Car Askaria TV 70011	
Ļ		San Antonio, TX 78211	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if tra	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Only wards/Memorials Expense	ustin, TX, officeholder living expense
		School do	nation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡			
	Date 04/28/2025	Payee name	
L		Exxon  Payee address; City; State; Zip Code	
	Amount (\$) \$62.25	Payee address; City; State; Zip Code  214 MELODIE DRIVE	
	Ψ02.23	214 MELODIE BINVE	
		San Antonio, TX 76691	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if A	ustin, TX, officeholder living expense
		Fuel	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		5.1135 1.614
F	Date	Payee name	
	02/10/2025	Fast Camp Softball	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	422 Lovett Ave	
		San Antonio, TX 78122	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Ont/Awards/Memorials Expense	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense
		Sponsorsh	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	H	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 39/105 Rpt:	Cortez, Philip (The Honorable)	00067628			
4	Date	5 Payee name				
	05/20/2025	Firehouse Pizza				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$174.43	10 Brantley St Ste 2				
		Trinity, TX 75862				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri				
	OF EXPENDITURE	1 000/Beverage Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense			
		I — I —	ol food sponsorship			
		33.13	5. 1664 <b>G</b> po.166.6p			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
	Date	Payee name				
	05/27/2025	Fonda San Miguel				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$183.05	2330 W N Loop Blvd				
		Austin, TX 78756				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption			
	OF EXPENDITURE	Food/Beverage Expense	eck if travel outside of Texas. Complete Schedule T.			
		I	eck if Austin, TX, officeholder living expense  for staff			
		1 000	ioi stan			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	<b>9</b>				
	Date	Payee name				
	03/03/2025	GO RIO San Antonio River Cruises				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$468.86	706 E River Walk				
	•					
		San Antonio, TX 78205				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption			
	OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE		eck if Austin, TX, officeholder living expense			
		Tour				
	Complete ONLY if alias -t	Condidate/Officeholder name	Office hold			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	·					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	01/02/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre
		Parkway Mountain View , CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Google suite account
		Google suite account
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre
		Parkway Mountain View , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  G-suite account
		G-Suite account
_	Operation ONLY if allowed	Our stide to 100% as health as a sure
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/03/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre
		Parkway Mountain View , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Gsuite account
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	04/02/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre
		Parkway Mountain View , CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		G-suite acocunt
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/02/2025	Google
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre
		Parkway Mountain View , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gsuite account
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/02/2025	Google
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre
		Parkway Mountain View , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gsuite
		Gaulle
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	02/24/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.62	6818 S Zarzamora
		San Antonio, TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/12/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.54	6818 S Zarzamora
		San Antonio, TX 78224
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/19/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.98	6818 S Zarzamora
		San Antonio, TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/24/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.61	6818 S Zarzamora
		San Antonio, TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/	Check if Austin, TX, officeholder living expense
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	03/31/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.27	6818 S Zarzamora
		San Antonio, TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	-	Expense Check if Austin, TX, officeholder living expense  Fuel
		i dei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 04/03/2025	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.22	6818 S Zarzamora
		San Antonio, TX 78224
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>o</b>

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/105 Rpt: Cortez, Philip (The Honorable) 00067628 4 Date Payee name 04/08/2025 HEB 6 Amount (\$) Payee address; State; Zip Code \$51.09 6818 S Zarzamora San Antonio, TX 78224 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2025 **HEB** Amount (\$) Payee address; City; State; Zip Code \$94.12 6818 S Zarzamora San Antonio, TX 78224 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2025 Amount (\$) Payee address: City; State; Zip Code \$55.03 6818 S Zarzamora San Antonio, TX 78224 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Expense Check if Austin, TX, officeholder living expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Cor  The Instruction Guide explains how to complete to	· • • • • • • • • • • • • • • • • • • •			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 45/105 Rpt:	Cortez, Philip (The Honorable)	00067628			
4	Date	Payee name				
	05/27/2025	HEB				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$88.32	6818 S Zarzamora				
		San Antonio, TX 78224				
<u>_</u>	DUDDOSE	<del></del>	- colorate in			
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	escription			
	EXPENDITURE	Transportation Equipment And Related Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		•	Tel			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	Canada Financia Cinic Sought	Since from			
$\vdash$	Data	Para a san				
	Date	Payee name				
	06/02/2025	HEB				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.12	6818 S Zarzamora				
		San Antonio, TX 78224				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) De	escription			
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.			
		Expense	Check if Austin, TX, officeholder living expense			
		Fi	uel			
_	Computate ONU V Statistics	Condidate (Office helder nesses	Office halls			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
L						
	Date	Payee name				
	06/11/2025	HEB				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$80.84	6818 S Zarzamora				
L		San Antonio, TX 78224				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) De	escription			
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.			
		Expense	Check if Austin, TX, officeholder living expense			
		Fi	uel			
	Operation Children	Open distance (Office In address	000			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 46/105 Rpt:	Cortez, Philip (The Honorable) 00067628				
4	Date	5 Payee name				
	06/18/2025	HEB				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$58.35	6818 S Zarzamora				
		San Antonio, TX 78224				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense				
		Expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	01/13/2025	HEB				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$51.03	6818 S Zarzamora				
		San Antonio, TX 78224				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Supplies				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/21/2025	HEB				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.83	6818 S Zarzamora				
		San Antonio, TX 78224				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
	-	Expense				
		I uci				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 47/105 Rpt:	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	
	01/22/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	6818 S Zarzamora	
		Con Antonio TV 70224	
_	BUBBOCE	San Antonio, TX 78224	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	omee overnedd//tental Expense	n, TX, officeholder living expense
		Supplies	
_	2		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/24/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.96	6818 S Zarzamora	
		O A TV 70004	
		San Antonio, TX 78224	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Office Overhead/Pontal Eveness	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overhead/Nertal Expense	n, TX, officeholder living expense
		Supplies	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/27/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.59	6818 S Zarzamora	
		San Antonio, TX 78224	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related	outside of Texas. Complete Schedule T.
		Expense La Check if Austin	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 48/105 Rpt:	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	
	01/27/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.66	6818 S Zarzamora	
		San Antonio, TX 78224	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related	el outside of Texas. Complete Schedule T.
		Expense	tin, TX, officeholder living expense
		Fuei	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O	Candidate/Oniceriolder name Onice sought	Office field
_	Data		
	Date	Payee name	
	02/06/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.43	6818 S Zarzamora	
		San Antonio, TX 78224	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment / the Related	el outside of Texas. Complete Schedule T.
		Expense	tin, TX, officeholder living expense
		T doi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Canada a can	C.mee neid
-	Date	Payee name	
	03/27/2025	Home Slice Pizza	
	Amount (\$) \$97.89	Payee address; City; State; Zip Code 1415 South Congress Rd	
	φ91.09	1415 South Congress Ru	
		A	
		Austin , TX 78704	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ial autaida of Tayaa Camplata Cabadula T
	EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Food for sta	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Č	
l			

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District Labor OTHER (enter a category not listed above)			
L		The Instruction Guide explains how to complete this f	orm.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 49/105 Rpt:	Cortez, Philip (The Honorable)	00067628			
4	Date	5 Payee name	•			
	05/05/2025	Home Slice Pizza				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$126.27	1415 South Congress Rd				
		-				
		Austin , TX 78704				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion			
	OF EXPENDITURE	Food/Beverage Expense	ck if travel outside of Texas. Complete Schedule T.			
			ck if Austin, TX, officeholder living expense For staff			
			oi siaii			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
9	expenditure to benefit C/O		Onice field			
L	Data					
	Date	Payee name				
	05/22/2025	Home Slice Pizza				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.22	1415 South Congress Rd				
		Austin , TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip				
	OF EXPENDITURE	1 00d/Develage Expense	ck if travel outside of Texas. Complete Schedule T.			
		I — I —	ck if Austin, TX, officeholder living expense or Staff			
			or stall			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O		Cinio Held			
⊨	Date	Payee name				
	05/23/2025	Payee name  Honk parking				
	Amount (\$) \$12.86	Payee address; City; State; Zip Code 405 Colorado St				
	Φ12.80	400 Colorado St				
		Austin TV 78703				
		Austin, TX 78703				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion :k if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	1003   🔟	ck if Austin, TX, officeholder living expense			
		Parkin				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					
	rms provided by Texas E	thics Commission www.ethics.state.tx.us	Version V4.1.0.f10d0fd8			
ΓV						

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	06/09/2025	J. Alexander's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.24	255 East Basse Rd.
		Suite 300
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for staff
		Food for Stall
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	03/24/2025	JVC Media, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.17	9335 Lamerton
	φου.11	Cook Lamenten
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituent gifts
		Constituent girls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/06/2025	JVC Media, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.63	9335 Lamerton
	,	
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Constituent gifts
		Constituent gifts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 51/105 Rpt:	Cortez, Philip (The Honorable)  00067628			
4	Date	5 Payee name			
	01/23/2025	Jaramillo, Leo			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,250.00	330 West Baetz			
		San Antonio, TX 78221			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		X   Check if Austin, TX, officeholder living expense   Moving			
		iviovirig			
<u>_</u>	Complete ONLY 'C. "	Condidate/Officeholder come			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
L					
	Date	Payee name			
	05/30/2025	Lackland Mart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$73.96	421 Valley High Dr			
		San Antonio, TX 78227			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Expense			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
$\vdash$	Data	David name			
	Date	Payee name			
	05/23/2025	Lackland Mart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$28.51	421 Valley High Dr			
L		San Antonio, TX 78227			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
		Expense			
		fuel			
	Operation ONE VIII II	Overfield to 100% and a little			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	5.ps.(s.c.)				

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·				
Ĺ	Sch: 52/105 Rpt:	Cortez, Philip (The Honorable)  Cortez O0067628				
4	Date	5 Payee name				
	02/24/2025	Legislative Study Group				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	P.O. Box 12943				
		Austin, TX 78768				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Membership				
_	Commission ONE V. C. C.	Condidate/Officeholder page				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/10/2025	Lisa's Mexican Restaurant				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.38	815 Bandera Rd.				
		San Antonio, TX 78228				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Food for staff				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
H	Date	Payee name				
	04/25/2025	Love's Travel Stop				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$55.21	11361 I-35				
	Ψ33.21	11001.00				
		Von Ormy, TX 78073				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense				
		Fuel				
	Complete ONII V if alice at	Condidate/Officeholder name Office sought Office hald				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	·					

### SCHEDULE F1

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

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

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

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

	Credit Card Payment		The Instruction Guid	e explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	3	Filer ID	(Ethics Commission F	Filers)
	Sch: 53/105 Rpt:		Cortez, Philip (The Honorable	<del>;</del> )				00067628		
4	Date	5	Payee name							
	05/12/2025		Love's Travel Stop							
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode					
	\$53.82		11361 I-35	·						
			Von Ormy, TX 78073							
8	PURPOSE	(a)			(h)	Description				
٠	OF	"	Category (See Categories listed at the 1 Transportation Equipment An		(5)	Check if travel out	tsid	le of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Expense	a related		Check if Austin, T	Χ,	officeholder living	expense	
						fuel				
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office he	eld	-
	expenditure to benefit C/O	п								
	Date		Payee name							
	01/13/2025		LoveJoy & Co							
	Amount (\$)		Payee address; City;	State; Zip Co	ode					
	\$1,028.38		318 Feathergrass Drive							
			Buda, TX 78610							
	PURPOSE	(a)	Category (See Categories listed at the	top of this cohodule)	(b)	Description				
	OF	``	Event Expense	lop of this scriedule)	( )	Check if travel out	tsid	le of Texas. Comp	olete Schedule T.	
	EXPENDITURE		•			Check if Austin, T	Χ,	officeholder living	expense	
						Balloons				
					Ļ					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office he	eld	
	Date		Payee name							
	05/20/2025		LoveJoy & Co							
	Amount (\$)		Payee address; City;	State; Zip Co	ode					
	\$1,028.38		318 Feathergrass Drive							
			Buda, TX 78610							
	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Event Expense	,		Check if travel out	tsid	le of Texas. Com	olete Schedule T.	
	EXPENDITURE					Check if Austin, T	Χ,	officeholder living	expense	
						Balloons				
			- "		Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office he	eld	
	Superiord to borient 0/01	• •								

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 54/105 Rpt:	Cortez, Philip (The Honorable) 00067628				
4	Date	5 Payee name				
	01/28/2025	Lowe's				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$62.90	7843 IH 35 S				
		San Antonio, TX 78224				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Supplies				
		Supplies				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_						
	Date	Payee name				
	04/01/2025	MALC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,125.00	202 W. 13th St.				
		Austin, TX 78701				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Membership fees				
		Membership lees				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
-	Data	Para and a second secon				
	Date	Payee name MailChimp				
	01/21/2025	MailChimp				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$98.07	512 Means Street				
L		Atlanta, GA 30318				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	-	Check if Austin, TX, officeholder living expense  E-blast				
		E-niasi				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OH					

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 55/105 Rpt:	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		<u>'</u>
	02/21/2025	MailChimp		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$98.07	512 Means Street		
		Atlanta, GA 30318		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Eblast
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		•	
H	Date	Payee name		
	03/21/2025	MailChimp		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$98.07	512 Means Street		
l				
		Atlanta, GA 30318		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  Eblast
				Linust
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	04/21/2025	MailChimp		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$98.07	512 Means Street		
		Atlanta, GA 30318		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense  Eblast
				Loidst
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sour	ght	Office held
	expenditure to benefit C/OI		<b>.</b>	
l				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 56/105 Rpt:	Cortez, Philip (The Honorable)		00067628
4	Date	5 Payee name		<u>'</u>
	05/21/2025	MailChimp		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$98.07	512 Means Street		
		Atlanta, GA 30318		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				eblast
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	06/23/2025	MailChimp		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$98.07	512 Means Street		
l				
		Atlanta, GA 30318		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Eblast
Г	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	01/21/2025	Mama Margie's		
Г	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$78.33	10927 West, FM471		
		San Antonio, TX 78253		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Food for staff
				. 555.5. 566
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	•	-	

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 57/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	06/21/2025	Mariachi Zacatecano
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	8622 S South Zarzamora Street
	!	
		San Antonio , TX 78224
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Entertainment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	01/02/2025	Mattress Firm
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,814.41	12901 N Interstate Hwy 35
		Austin , TX 78753
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Furniture Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
	!	<u>X</u> Check if Austin, TX, officeholder living expense  Furniture for austin apartment
	!	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/13/2025	Merry Maids
_	Amount (\$)	Payee address; City; State; Zip Code
	\$346.40	3536 Bee Caves Rd
	Ψο .σσ	102
	!	
_		Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Cleaners
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	02/18/2025	Merry Maids
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$286.86	3536 Bee Caves Rd
		102
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Cleaning service
		Cleaning Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/17/2025	Merry Maids
	Amount (\$)	Payee address; City; State; Zip Code
	\$286.86	3536 Bee Caves Rd
		102
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Cleaning
		Cicaming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/14/2025	Merry Maids
	Amount (\$)	Payee address; City; State; Zip Code
	\$286.86	3536 Bee Caves Rd
		102
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Cleaning
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
Ļ				uiue expiairis ii	iow to coi	iipie	te tilis ioiili.	_				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 59/105 Rpt:		Cortez, Phili	p (The Honoral	ole)					00067628		
4	Date	5	Payee name									
	05/12/2025		Merry Maids	;								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
ľ	\$286.86	ľ	3536 Bee C		State,	Zip Co	uc					
	φ200.00			aves Ru								
			102									
			Austin, TX 7	8746								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF		Fees			,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livi	ng expense	
								Cleaning				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office I	held	
	expenditure to benefit C/OI	Н										
_	Date	Г	Payee name									
	03/14/2025		Microsoft									
							_					
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$162.39		1 Microsoft \	Way								
			Redmond, V	VA 98052								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sche	dule)	(b)	Description				
	OF	` `	Fees	e oategories listed at t	ne top or this some	,uuic)			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		. 555					Check if Austin,	, TX,	officeholder livi	ng expense	
								Annual plan				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office I	held	
	expenditure to benefit C/OI	Н										
	Data	Г										
	Date		Payee name	14. 0								
	01/29/2025		Minute Key	- Key Copy and	LOCKSMITH	Services	S					
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$15.16		13450 RESI	EARCH BLVD								
			Austin, TX 7	8729								
$\vdash$	PURPOSE	(2)					(h)	Description				
	OF	(۵)	Lock and ke	e Categories listed at t	he top of this sche	edule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		LUCK and Ke	y Service				Check if Austin,				
								Lock and key				
								Í				
_	Complete ONLY if direct	<u>ـــ</u>	Candidate/Offic	ceholder name	<u> </u>	ffice sou	aht			Office I	held	
	expenditure to benefit C/OI			John Hame	O	00 000	9,11			Jilioc I		
<u> </u>												

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	02/18/2025	North San Antonio Hills Lions Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	11411 Blazing Sunset
		San Antonio, TX 78253
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraiser
		Fullulaisei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/26/2025	Olive Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.97	7811 IH 35 S
		San Antonio, TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for staff
		Food for Stail
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 06/20/2025	Payee name Olive Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.82	7811 IH 35 S
		San Antonio, TX 78224
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for staff
		, 334 137 3td
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 61/105 Rpt:	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	
	01/17/2025	PMC Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.16	221 E Pecan St	
		San Antonio, TX 78205	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	1000	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
		Parkin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	<del>1</del>	
	Date	Payee name	
	02/13/2025	PMC Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.16	221 E Pecan St	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	1003	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
		│ │ │ │ │ │ │ │ │ │ │	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	02/20/2025	PMC Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.16	221 E Pecan St	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	1 663	k if travel outside of Texas. Complete Schedule T.
		│ │ │ │ │ │ │ │ │ │	k if Austin, TX, officeholder living expense
			<b>y</b>
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_			

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1: Sch: 62/105 Rpt:	FILER NAME     Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628
4	Date 03/07/2025	5 Payee name PMC Parking	
6	Amount (\$) \$30.32	7 Payee address; City; State; Zip Code 221 E Pecan St  San Antonio, TX 78205	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti Fees Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 03/14/2025	Payee name PMC Parking	
	Amount (\$) \$23.82	Payee address; City; State; Zip Code  221 E Pecan St  San Antonio, TX 78205	
	PURPOSE OF EXPENDITURE	1003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/27/2025	Payee name PMC Parking	
	Amount (\$) \$15.70	Payee address; City; State; Zip Code  221 E Pecan St	
		San Antonio, TX 78205	
	PURPOSE OF EXPENDITURE	1003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 63/105 Rpt:	Cortez, Phi	lip (The Honorable)					00067628	
4	Date	5 Payee name							
	03/17/2025	Paesanos							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode				
	\$166.81	555 E Bass	se, STE 100						
		San Antoni	o, TX 78209						
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			_		de of Texas. Com officeholder living	plete Schedule T.
						Food for staff		onicendidei nving	у схрепас
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O	4							
	Date	Payee name							
	01/30/2025	Papasito's							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$215.40	10501 I-10							
		San Antoni	o, TX 78230						
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living	plete Schedule T.
						Food for staff		omeenoider name	CAPONISC
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	4							
	Date	Payee name				<del></del>			
	02/14/2025	Papasito's							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$269.86	10501 I-10							
		San Antoni	o, TX 78230						
	PURPOSE		ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.
						Food for staff		officeholder living	g expense
						ו טטט וטו אנמוו			
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O			511100 00	- g			200 110	<del></del>

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	01/08/2025	Pappadeaux
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.63	76 NE Lop 410
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for staff
		Food for stail
_	0 1: 0.11.7.7.1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	Pappadeaux
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.61	76 NE Lop 410
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for staff
		Food for Stall
_	Operation ONLY if allowed	Our Middle (Office health a grants
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	03/05/2025	Pappadeaux
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.58	76 NE Lop 410
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for staff
		FUUU IUI SIAII
	Complete ONLY !! -!!	Condidate/Officeholder name Office south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	04/09/2025	Pappadeaux
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$179.93	76 NE Lop 410
		San Antonio, TX 78216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for staf
		1 000 101 3141
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/02/2025	Parking Management Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.70	3713 Charlotte Ave
		Nashville, TN 37209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/27/2025	Permian Ink South Park Mall
	Amount (\$)	Payee address; City; State; Zip Code
	\$467.64	2310 SW Military Dr #315
		San Antonio, TX 78224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Member gifts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	·

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 66/105 Rpt:	Cortez, Philip (The Honorable) 00067628				
4	Date	5 Payee name				
	01/21/2025	Pf Chang's Austin				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$147.33	201 San Jacinto Blvd				
		Austin, TX 78701				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Food for staff				
		1 oou for stain				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/O					
_						
	Date	Payee name				
	02/14/2025	Pf Chang's Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$198.40	201 San Jacinto Blvd				
		Austin, TX 78701				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Food for staff				
		1 000 101 000.11				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	_					
	Date	Payee name				
	02/21/2025	Pf Chang's Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$96.66	201 San Jacinto Blvd				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Food for staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Supplication to action of other					

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 67/105 Rpt:	Cortez, Philip (The Honorable) 00067628				
4	Date	5 Payee name				
	03/03/2025	Pf Chang's Austin				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$73.12	201 San Jacinto Blvd				
		Austin, TX 78701				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Food for staff				
		, , , , , , , , , , , , , , , , , , , ,				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
$\vdash$	Date	Davies same				
		Payee name				
	03/10/2025	Pf Chang's Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$138.58	201 San Jacinto Blvd				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Food for staff				
	Operation ONLY if allowed	On didn't lot for a bald and a second to the first bald.				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	03/17/2025	Pf Chang's Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$109.03	201 San Jacinto Blvd				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Food for staff				
	Operation Of the Control of the Cont					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	S. Politana. C. Dollon. O. O. 1					

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 68/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	01/28/2025	Pico de Gallo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.91	111 S Leona St
		San Antonio, TX 78207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	02/12/2025	Pico de Gallo
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.76	111 S Leona St
		San Antonio, TX 78207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Food for staff
		Food for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	06/30/2025	Piryx
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.00	995 Market Street
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation fee
	Complete ONE Wife direct	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 69/105 Rpt:	Cortez, Philip (The Honorable) 00067628				
4	Date	5 Payee name				
	04/21/2025	Pizza Hut				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$35.00	1749 SW Loop 410				
		San Antonio, TX 78227				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Food for staff				
		Food for Stail				
_	0 1: 0.11.7.7.1					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	04/28/2025	Pizza Hut				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$41.92	1749 SW Loop 410				
		San Antonio, TX 78227				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Food for staff				
		Food for Stall				
_	Operation ONLY if allowed	Our did to 10 ff as had done as many				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	'					
	Date	Payee name				
	06/02/2025	Pizza di Roma				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$23.82	3316 Harmon Ave,				
		Austin, TX 78705				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
		Check if Austin, TX, officeholder living expense				
		Food for staff				
	2					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	02/05/2025	QΤ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.10	310 San Pedro Ave
		San Antonio, TX 78212
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related 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
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	David and a second a second and
		Payee name
L	04/15/2025	Quinetero , Valeria
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	1207 Agora Palms Dr
		Apt 1229
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement
		Reinbulsement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	05/16/2025	Quinetero , Valeria
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.45	1207 Agora Palms Dr
		Apt 1229
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
1		Reimbursement
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
lacksquare		
L		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 71/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628
4	Date 01/22/2025	5 Payee name RJ Publications	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 1692 Helotes, TX 78023	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/31/2025	Payee name Red Ash	
	Amount (\$) \$156.65	Payee address; City; State; Zip Code 303 Colorado St #200 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date 04/09/2025	Payee name Red Ash	
	Amount (\$) \$190.47	Payee address; City; State; Zip Code 303 Colorado St #200 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	1 Toda/Beverage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ff
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought OH	Office held

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1: Sch: 72/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067628
<b>4</b> Date 02/18/2025	5 Payee name Red Lobster	
6 Amount (\$) \$28.99	7 Payee address; City; State; Zip Co 1381 SW Loop 410	de
8 PURPOSE OF EXPENDITURE	San Antonio, TX 78227  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ight Office held
Date 06/12/2025	Payee name Red Lobster	
Amount (\$) \$64.54	Payee address; City; State; Zip Co 1381 SW Loop 410 San Antonio, TX 78227	ide
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for staff
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	I Ight Office held
Date 01/31/2025	Payee name Reinhard, Hannah	
Amount (\$) \$2,900.00	Payee address; City; State; Zip Co 300 N Lamar Blvd APT 105 Austin, TX 78703	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary + reimbursement
Complete ONLY if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	lght Office held

### SCHEDULE F1

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

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

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

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

e Travel se Travel s/Contract Labor OTHEF

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 73/105 Rpt:	Cortez, Philip (The Honorable) 00067628		
4	Date	5 Payee name		
	02/28/2025	Reinhard, Hannah		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$2,387.88	300 N Lamar Blvd		
		APT 105		
		Austin, TX 78703		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Salary + reimbursement		
		Salary Freimbarsement		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/31/2025	Reinhard, Hannah		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4,148.36	300 N Lamar Blvd		
		APT 105		
		Austin, TX 78703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Salary + reimbursement		
		Galary From Barcomonic		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/01/2025	Reinhard, Hannah		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,502.35	300 N Lamar Blvd		
		APT 105		
		Austin, TX 78703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		
		Check if Austin, TX, officeholder living expense		
		Salary + reimbursement		
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
l				

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
-	Sch: 74/105 Rpt:	Cortez, Philip (The Honorable)				
4	Date	5 Payee name				
	06/29/2025	Reinhard, Hannah				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,463.29	300 N Lamar Blvd				
		APT 105				
		Austin, TX 78703				
8	PURPOSE					
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Salary + reimbursement				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/30/2025	Rent a Horn				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.00	1201 S Lamar Blvd				
	Ψ20.00	1201 o Edinai Bird				
		Austin, TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Parking fee				
		raining lee				
_						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	04/08/2025	Rent a Horn				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.00	1201 S Lamar Blvd				
		Austin, TX 78704				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Parking fee				
		raining icc				
	Complete ONLY 'C. "	Condidate/Officeholder name				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	- p					

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		kpens /ages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	ı			hlo)				3	Filer ID	(Ethics Commission File	rs)
Ļ	Sch: 75/105 Rpt:	⊢		lip (The Honora	uie)					00067628		
4	Date	ı	Payee name									
	04/18/2025	┞	Rent a Hori				_					
6	Amount (\$)	ı	Payee addre		State;	; Zip Co	de					
	\$21.00		1201 S Lan	nar Biva								
			Austin, TX	78704								
8	PURPOSE	├		ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees			,	-	Check if travel of			plete Schedule T.	
	ZA ENDITORE							<b>—</b>	, TX,	officeholder living	g expense	
								Parking fee				
9	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	aht			Office h	eld	
_	expenditure to benefit C/OI		Janaidate/OII	actional name		-moc 30u(	A. I.			Onice III		
	Date		Payee name									
L	01/02/2025		Sabina Apa	ırtments								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$1,942.92		3400 Harm	on Avenue								
L			Austin, TX	78705								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Ex	pense			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
								Rent	, , ,	omocnolaet livili	g expense	
	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/23/2025		Sabina Apa	artments								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$5.15		3400 Harm	on Avenue								
			Austin, TX	78705								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					ш			plete Schedule T.	
								X Check if Austin,  Apartment fee		officeholder living	g expense	
								Apartment let	_			
	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	aht			Office h	eld	
	expenditure to benefit C/O					5000	٠٠٠٠			200 11		

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 EILED NAME	3 Filer ID (Ethics Commission Filers)			
-	Sch: 76/105 Rpt:	Cortez, Philip (The Honorable)	00067628			
4	Date	5 Payee name				
	02/03/2025	Sabina Apartments				
6	Amount (\$) \$1,937.78	7 Payee address; City; State; Zip Code 3400 Harmon Avenue				
	φ1,937.76	3400 Haillon Avenue				
		Austin, TX 78705				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
	-	H	, TX, officeholder living expense			
		Rent				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/07/2025	Sabina Apartments				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,959.91	3400 Harmon Avenue				
		Austin, TX 78705				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
		∑ Check if Austin, Rent	, 17, officerolder living expense			
		None				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	<del></del>				
	Date	Payee name				
	05/02/2025	Sabina Apartments				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,998.34	3400 Harmon Avenue				
		Austin, TX 78705				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	1 663	outside of Texas. Complete Schedule T.			
			, TX, officeholder living expense			
		Rent				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
	Sch: 77/105 Rpt:	Cortez, Philip (The Honorable) 00067628			
4	Date	5 Payee name			
	06/02/2025	Sabina Apartments			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,957.54	3400 Harmon Avenue			
		Austin, TX 78705			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Rent			
		Nent			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
$\vdash$	Date	Davies same			
	03/03/2025	Payee name			
		Sabina Apartments			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$164.75	3400 Harmon Avenue			
		Austin, TX 78705			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense			
		Fees			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/10/2025	Sam's Club			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$79.39	3150 SW Military Dr			
		San Antonio, TX 78224			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense  Supplies			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 78/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	02/14/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$287.01	3150 SW Military Dr
		San Antonio, TX 78224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Саррисс
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Data	
	Date 01/06/2025	Payee name
		Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	606 W Theo
		San Antonio, TX 78225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Fuel
		T del
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	
	Date 01/16/2025	Payee name Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.98	606 W Theo
		San Antonio, TX 78225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Fuel
		1 461
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

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

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

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

Credit Card Payment	ider/Political	The Instruction Guide ex		-	ete this form.	O	THER (enter a	category not	listed above)
1 Total pages Sched	dule F1:	2 FILER NAME			3	Fi	iler ID	(Ethics Co	ommission Filers)
Sch: 79/105 F	Rpt:	Cortez, Philip (The Honorable)				0	0067628		
4 Date		5 Payee name			•				
02/03/2025		Shell Oil							
6 Amount (\$)		7 Payee address; City;	State; Zip Co	de					
\$	\$75.00	606 W Theo							
		San Antonio, TX 78225							
8 PURPOSE		(a) Category (See Categories listed at the top of	of this schedule)	(b)	Description				
OF EXPENDITURE		Transportation Equipment And R	Related		Check if travel outs Check if Austin, T>				le T.
		Expense			fuel	Λ, υπ	iceriolaer living	g expense	
9 Complete ONLY if	direct	Candidate/Officeholder name	Office sou	ght			Office h	eld	
expenditure to ben		I		•					
Date		Payee name							
02/14/2025		Shell Oil							
Amount (\$)		Payee address; City;	State; Zip Co	de					
	108.14	606 W Theo	, ,						
		San Antonio, TX 78225							
PURPOSE		(a) Category (See Categories listed at the top of	of this schedule)	(b)	Description				
OF EXPENDITURE		Transportation Equipment And R			Check if travel outs	tside	of Texas. Con	plete Schedul	le T.
EXPENDITORE		Expense			Check if Austin, T	X, off	iceholder livin	g expense	
					Fuel				
Complete ONLY if	direct	Candidate/Officeholder name	Office sou	aht			Office h	eld.	
expenditure to ben			Office Sou	yııı			Office II	eiu	
Date	Ī	Davida marra							
03/07/2025		Payee name Shell Oil							
			State: 7in Co	do					
Amount (\$)	102.57	Payee address; City; 606 W Theo	State; Zip Co	ue					
Ψι	102.57	ood w Theo							
		San Antonio, TX 78225							
DUDDOCE				/l=\	<u> </u>				
PURPOSE OF		(a) Category (See Categories listed at the top or Transportation Equipment And R		(D)	Description Check if travel outs	tside	of Texas. Con	nplete Schedul	le T.
EXPENDITURE		Expense	Relateu		Check if Austin, TX				
					Fuel				
Complete ONLY if		Candidate/Officeholder name	Office sou	ght			Office h	eld	
expenditure to ben	ielii C/OF	I							

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	ift/Awards/Memo egal Services The Instruction		Sal		se s/Contract Labor ete this form.		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers	)
	Sch: 80/105 Rpt:		Cortez, Philip	(The Hond	orable)					00067628		
4	Date 03/17/2025	5	Payee name Shell Oil									
6	Amount (\$) \$50.24	7	Payee address 606 W Theo San Antonio,	•	S	tate; Zi	p Code					
8	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See</sub> Transportation Expense				) (b)	=		ide of Texas. Con , officeholder livin	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Office	eholder name	е	Office	e sought			Office h	eld	
	Date		Payee name									
	03/20/2025		Shell Oil									
	Amount (\$) \$88.25		Payee address 606 W Theo	; City;	S	tate; Zi	p Code					
			San Antonio,	TX 78225								
	PURPOSE OF EXPENDITURE	(a)	Category (See Transportation Expense				(b)	<b>=</b>		ide of Texas. Con , officeholder livin	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	eholder name	е	Office	e sought			Office h	eld	
	Date 03/27/2025		Payee name Shell Oil									
	Amount (\$) \$107.86		Payee address 606 W Theo	; City;	S	tate; Zi	p Code					
			San Antonio,	TX 78225								
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See</sub> Transportation Expense				(b)	ш		ide of Texas. Con , officeholder livin	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	eholder name	e	Office	e sought			Office h	eld	

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 81/105 Rpt:		Cortez, Philip (The Honorable)		00067628
4	Date	5	Payee name		-
	03/27/2025		Shell Oil		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$1.01		606 W Theo		
			San Antonio, TX 78225		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ				Check if Austin, TX, officeholder living expense
					Food
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	t Office held
3	expenditure to benefit C/O		Sandidate/Officerolder frame Office sc	Jugiit	t Office field
	Data	Т			
	Date 03/31/2025		Payee name Shell Oil		
		┡			
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$58.96		606 W Theo		
		L	San Antonio, TX 78225		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Expense		Fuel
	Complete ONLY if direct	_	Candidate/Officeholder name Office so	ought	t Office held
	expenditure to benefit C/O	Н			
	Date	Π	Payee name		
	04/07/2025		Shell Oil		
	Amount (\$)	H	Payee address; City; State; Zip C	Code	
	\$87.04		606 W Theo		
			San Antonio, TX 78225		
	PURPOSE	(a	\	(h)	) Description
	OF	ارم	Category (See Categories listed at the top of this schedule)  Fees	(6)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 663		Check if Austin, TX, officeholder living expense
					Fuel
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	t Office held
	expenditure to benefit C/O				

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 82/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	04/30/2025	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.93	606 W Theo
		San Antonio, TX 78225
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	05/08/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.85	606 W Theo
		San Antonio, TX 78225
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Fxpense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
		Tuoi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	05/09/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.06	606 W Theo
		San Antonio, TX 78225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EXI ENDITORE	Expense
		Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	1

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 83/105 Rpt:		Cortez, Phil	ip (The Honorabl	e)					00067628	
4	Date	5	Payee name								
L	05/16/2025		Shell Oil								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$75.00		606 W The	)							
			San Antonio	o, TX 78225							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		-	ion Equipment Ar	nd Related			=		de of Texas. Com	
			Expense					Check if Austin,	, 1X,	officeholder living	expense
								.301			
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	l Jaht			Office he	eld
Ĺ	expenditure to benefit C/O		za. raradio/OIII				-9····				
	Date		Payee name								
L	06/09/2025	L	Shell Oil								
	Amount (\$)	_	Payee addre	ss; City;	State;	Zip Co	ode				
	\$58.35		606 W The	)							
L			San Antonio	o, TX 78225							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Transportat	ion Equipment Ar				<b>=</b>		de of Texas. Com	
			Expense					Fuel Check if Austin,	, 1X,	officeholder living	l evhenze
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O						-				
H	Date	Г	Payee name								
	05/29/2025		,	aughters of Liber	ty						
	Amount (\$)		Payee addre			Zip Co	ode				
	\$250.00		1206 Mage		0,	,					
	,-33.3 <b>0</b>										
			San Antonio	o, TX 78239					_		
	PURPOSE OF	(a)		ee Categories listed at the		edule)	(b)	Description			
	EXPENDITURE		Gift/Awards	/Memorials Expe	nse			ш		de of Texas. Com officeholder living	
								Sponsorship	, 1,	omcendider living	onpense
								1			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O						J -				

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 84/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/10/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$467.66	2702 Love Field Drive
		Dallas , TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Airfare
		Autore
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	05/12/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.96	2702 Love Field Drive
		Dallas , TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Airfare
		, where
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	01/07/2025	Spectrum Cable
	Amount (\$)	Payee address; City; State; Zip Code
	\$241.40	1900 Blue Crest Ln
		San Antonio, TX 78247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		DO Cable
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	·

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 85/105 Rpt: Cortez, Philip (The Honorable) 00067628 4 Date Payee name 02/14/2025 Spectrum Cable 6 Amount (\$) Payee address; City; State; Zip Code \$241.33 1900 Blue Crest Ln San Antonio, TX 78247 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense DO cable Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 Spectrum Cable Amount (\$) Payee address; City; State; Zip Code \$123.42 1900 Blue Crest Ln San Antonio, TX 78247 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense DO cable Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2025 Spectrum Cable Amount (\$) Payee address: City; State; Zip Code \$123.42 1900 Blue Crest Ln San Antonio, TX 78247 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense DO cable Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Le	t/Awards/Memorials gal Services ne Instruction G	•		Vages	/Contract Labor		Travel Out of D OTHER (enter	District a category not listed	i above)
1	Total pages Schedule F1:	2 F			<u> </u>				3	Filer ID	(Ethics Comm	ission Filers)
-	Sch: 86/105 Rpt:	1	Cortez, Philip	(The Honora	ble)				ľ	00067628	,	10010111 11010)
4	Date	<b>5</b> P	ayee name									
	06/02/2025	1	pectrum Cab	le								
6	Amount (\$)	<b>7</b> P	ayee address;	City;	State	e; Zip Co	ode					
	\$123.42	1	900 Blue Cre	est Ln								
		s	an Antonio, <sup>-</sup>	ΓX 78247								
8	PURPOSE	(a) C	ategory (See C	Categories listed at	the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE	c	Office Overhe	ad/Rental Ex	pense			=			mplete Schedule T.	
								_	, TX,	officeholder livi	ng expense	
								DO cable				
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Officel	nolder name	(	Office sou	ght			Office I	neld	
	experialitate to benefit 6/01	· ·										
	Date	Р	ayee name									
	05/22/2025	s	tarbucks									
	Amount (\$)	Р	ayee address;	City;	State	e; Zip Co	ode					
	\$17.89	l	935 SW Milit	•								
	*=::::	-		,								
			on Antonio -	EV 70227								
		<b>—</b>	an Antonio, <sup>-</sup>									
	PURPOSE OF		ategory (See C		the top of this scl	hedule)	(b)	Description				
	EXPENDITURE	F	ood/Beverag	e Expense				<b>=</b>		de of Texas. Co officeholder livi	mplete Schedule T.	
								Drinks for sta		officeriolaer livi	ig experise	
								2111110 101 010				
	Complete ONLY if direct	L Ca	ndidate/Officel	nolder name		Office sou	aht			Office I	neld	
	expenditure to benefit C/OI		indidate/Officei	iolaci name	·	Office 300	giit			Office	iciu	
		_										
	Date	ı	ayee name									
	05/28/2025	Т	aqueria Aran	dinas								
	Amount (\$)	P	ayee address;	City;	State	e; Zip Co	ode					
	\$32.06	1	011 Reinli st									
		A	ustin, TX 78	723								
	PURPOSE	(a) C	ategory (See C	atenories listed at	the ton of this scl	hedule)	(b)	Description				
	OF		ood/Beverag		are top or trilo sor	neudic)	<u> </u>		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		J	•				Check if Austin	, TX,	officeholder livi	ng expense	
								Food for staff	f			
							L					
	Complete ONLY if direct		ndidate/Officel	nolder name	-	Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 87/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	05/28/2025	Target.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.37	1000 Nicollet Mall
		Minneapolis, MN 55403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/13/2025	Target.com
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.99	1000 Nicollet Mall
		Minneapolis, MN 55403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Смрино
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/13/2025	Target
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$510.68	5621 N I-35
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging supplies Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense  Lodging supplies
		Loughig supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 88/105 Rpt:	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	·
	02/18/2025	Target	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$147.28	5621 N I-35	
		Austin , TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/26/2025	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.57	5621 N I-35	
		Austin , TX 78723	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Supplies
			Jupplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	03/12/2025	Target	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.99	5621 N I-35	
		Austin , TX 78723	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since field
-			

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 89/105 Rpt:	Cortez, Philip (The Honorable)	00067628
4	Date	5 Payee name	<b>'</b>
l	03/18/2025	Target	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$536.34	5621 N I-35	
l			
l		Austin , TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Office supplies
Ļ	Complete ONLY if direct	Condidate/Officeholder name	Office heald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	5.		
l	Date	Payee name	
L	03/31/2025	Target	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$203.63	5621 N I-35	
l			
L		Austin , TX 78723	
l	PURPOSE OF	_	Description
l	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Supplies
l			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	4	
Г	Date	Payee name	
l	04/03/2025	Target	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$103.93	5621 N I-35	
l			
l		Austin, TX 78723	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	LAI LINDITORE		Check if Austin, TX, officeholder living expense
l			Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 90/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	04/14/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$132.57	5621 N I-35
		Austin , TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.30	5621 N I-35
		Austin , TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
		Сарриос
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	05/05/2025	Target
_		
	Amount (\$) \$107.33	Payee address; City; State; Zip Code
	\$107.33	5621 N I-35
		Austin , TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
		Заррноз
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 91/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	05/12/2025	Target
6	Amount (\$) \$107.55	7 Payee address; City; State; Zip Code 5621 N I-35
		Austin , TX 78723
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  Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Target
	Amount (\$) \$314.96	Payee address; City; State; Zip Code 5621 N I-35
		Austin , TX 78723
	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 supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2025	Target
	Amount (\$) \$93.81	Payee address; City; State; Zip Code 5621 N I-35
		Austin , TX 78723
	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  Supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Co Credit Card Payment	ommittee Legal Services Salaries/V  The Instruction Guide explains how to co	Vages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 92/105 Rpt:	Cortez, Philip (The Honorable)		00067628
4 Date 5	Payee name		
05/22/2025	Target		
6 Amount (\$) 7 \$106.42	Payee address; City; State; Zip Co 5621 N I-35 Austin , TX 78723	ode	
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
05/22/2025	Terry Black's Barbecue		
Amount (\$) \$156.95	Payee address; City; State; Zip Co 1003 Barton Springs Rd	ode	
	Austin, TX 78704		
PURPOSE OF EXPENDITURE	O Category (See Categories listed at the top of this schedule)     Food/Beverage Expense	l <u>—</u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense f
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
01/17/2025	Texas Exes		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2,500.00	2110, Etter-Harbin Alumni Center San Jacinto	Blvd,	
	Austin, TX 78712		
PURPOSE OF EXPENDITURE	c) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		outside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officebolder/Politic Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 93/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628
4 Date 03/04/2025	5 Payee name Texas House LGBTQ Caucus
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1100 Congress Ave Austin , TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 01/16/2025	Payee name Texas House of Representatives
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 2910  Austin, TX 78768
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meals
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 05/19/2025	Payee name Texas Organizing Project
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 700 S Zarzamora
	San Antonio, TX 78207
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

The Capital Grille  Amount (\$) 7 Payee address; City; State; Zip Code  \$114.72 \$117 W 4th St  Austin, TX 78701  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for staff	Sch: 94/105 Rpt: C  4 Date	Cortez, Philip (The Honorable) Payee name The Capital Grille Payee address; City; State; Zip Coo			(Ethics Commission Filers)
4 Date 06/26/2025 5 Payee name The Capital Grille  6 Amount (\$) 7 Payee address; City; State; Zip Code  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Food for staff  Payee name Office sought Office held  Payee name The Rose Boutique  Payee address; City; State; Zip Code  Payee name The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code  \$97.43 Payee address; City; State; Zip Code  \$97.45 City; State; Zip Code  \$97.46 Date ONLY if direct expenditure to benefit C/OH  Payee address; City; State; Zip Code  \$97.47 City; State; Zip Code  \$97.48 Sp7.49 Payee address; City; State; Zip Code  \$97.49 Code (a) Category (see Categories listed at the top of this schedule) Code (b) Description  Check if valuation, TX, officeholder living expense Check if austin, TX, of	4 Date 5 P T 6 Amount (\$) \$114.72 1 A 8 PURPOSE OF (a) C F	Payee name The Capital Grille Payee address; City; State; Zip Coo	le	00067628	
The Capital Grille  The Capital Grille  Amount (\$)	06/26/2025 T  6 Amount (\$) 7 P  \$114.72 1  A  8 PURPOSE OF (a) C	The Capital Grille Payee address; City; State; Zip Coo L17 W 4th St	le		
The Capital Grille  Amount (\$) \$114.72	06/26/2025 T  6 Amount (\$) 7 P \$114.72 1  A  8 PURPOSE OF (a) C	The Capital Grille Payee address; City; State; Zip Coo L17 W 4th St	le		
\$114.72	\$114.72 1  A  8 PURPOSE (a) C  OF	117 W 4th St	le		
Austin, TX 78701  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for staff  Office held  Date O1/14/2025  Amount (\$) Payee name The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code \$97.43  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	8 PURPOSE (a) C				
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Payee name O1/14/2025 The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. 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	8 PURPOSE (a) C	Atir. TV 70704			
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Payee name O1/14/2025 The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. 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	8 PURPOSE (a) C	A			
Food/Beverage Expense    Check if travel outside of Texas. Complete Schedule T.	OF E	Austin, IX 78701			
Payee name 01/14/2025 Amount (\$) Payee address; City; State; Zip Code \$97.43 Payee address; City; State; Zip Code San Antonio, TX 78201  PURPOSE OF EXPENDITURE  Food/Beverage Expense    Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense   Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense   Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. 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	OF   E	Category (See Categories listed at the top of this schedule)	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH  Date		,		outside of Texas. Comp	lete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH  Date O1/14/2025	EXPENDITORE				expense
Date 01/14/2025 Payee name The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code 955 Cincinnati Ave.  San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Food for staff		
Date 01/14/2025 Payee name The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code 955 Cincinnati Ave.  San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				0.00	
The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code  \$97.43 Payee address; City; State; Zip Code  \$97.43 Payee address; City; State; Zip Code  \$95. Cincinnati Ave.  San Antonio, TX 78201  PURPOSE OF CATEGORY (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		andidate/Officeholder name Office soug	ht	Office he	ıd
The Rose Boutique  Amount (\$) Payee address; City; State; Zip Code  \$97.43 Payee address; City; State; Zip Code  955 Cincinnati Ave.  San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	·				
Amount (\$)  Payee address; City; State; Zip Code  955 Cincinnati Ave.  San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	,				
\$97.43 955 Cincinnati Ave.  San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		<u> </u>			
San Antonio, TX 78201  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	` '	· · · · · · · · · · · · · · · · · · ·	le		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	\$97.43   9	955 Cincinnati Ave.			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
OF EXPENDITURE  Gift/Awards/Memorials Expense  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	S	San Antonio, TX 78201			
EXPENDITURE  GIT/AWards/Memorials Expense  Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	(b) Description		
	I (-	Gift/Awards/Memorials Expense			
					expense
1					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct Ca	L andidate/Officeholder name Office souc	ht	Office hel	 ld
expenditure to benefit C/OH					
Date Payee name	Date D	Pavee name			
02/28/2025 The Rose Boutique		-			
Amount (\$) Payee address; City; State; Zip Code		<u></u>	le		
\$90.00 955 Cincinnati Ave.					
+33.03	400.00				
San Antonio, TX 78201	9	San Antonio TX 78201			
		i	(h) p		
DUDDOSE (a) Cotomonia (b) Deconistion	OF C	, , , , , , , , , , , , , , , , , , , ,		outside of Texas. Comp	lete Schedule T.
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  OF  (b) Description  Check if travel outside of Texas. Complete Schedule T.	EXPENDITURE	Sill/Awards/Memorials Expense	<u> </u>		
OF Gift/Awards/Mamorials Evnansa Check if travel outside of Texas. Complete Schedule T.			Constituent flo	owers	
OF SYPENDITURE Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE  Gift/Awards/Memorials Expense  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		andidate/Officeholder name Office soug	ht	Office he	ld
OF EXPENDITURE  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent flowers  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	expenditure to benefit C/OH				
OF EXPENDITURE  Gift/Awards/Memorials Expense  Gift/Awards/Memorials Expense  Check if Austin, TX, officeholder living expense  Constituent flowers					
OF EXPENDITURE  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent flowers  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 95/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/28/2025	The Rose Boutique
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	955 Cincinnati Ave.
		San Antonio, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent flowers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	04/08/2025	The Rose Boutique
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	955 Cincinnati Ave.
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Constituent flowers
		Constituent flowers
	Complete ONLY if direct	Condidate/Office helder notes Office accusity Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/05/2025	The Rose Boutique
	Amount (\$)	Payee address; City; State; Zip Code
	\$355.00	955 Cincinnati Ave.
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Constituent flowers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card i ayment	The Instruction Guide explains how to cor	mple	te this form.				
1	Total pages Schedule F1:	2 FILER NAME		- 3	3	Filer ID	(Ethics Commission Filers)	
	Sch: 96/105 Rpt:	Cortez, Philip (The Honorable)				00067628		
4	Date	5 Payee name						_
	06/21/2025	Trevino, Carlos						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de					_
	\$250.00	2022 W. Mistletoe						
		San Antonio, TX 78201						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				_
	OF	Event Expense	,	_ `	utsio	le of Texas. Com	plete Schedule T.	
	EXPENDITURE			Check if Austin, 1	TX,	officeholder living	expense	
				Photography				
								_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght			Office he	eld	
	Date	Payee name						
	02/14/2025	USPS						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$6.00	1140 S Laredo St.						
		San Antonio, TX 78204						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		<b>=</b>			plete Schedule T.	
				Check if Austin, 1 Postage	IX,	officenolaer living	expense	
				rostage				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	eld	_
	expenditure to benefit C/OI	•	9			000		
	Date	Payee name						_
	01/08/2025	Uber						
			do					
	Amount (\$) \$33.34	Payee address; City; State; Zip Coo 1455 Market Street	ue					
	ψ33.34	1433 Market Street						
		Con Francisco CA 04103						
		San Francisco , CA 94103						
	PURPOSE OF	,	(b)	Description  Check if travel out	ıtcir	lo of Toyas Com	oloto Schodulo T	
	EXPENDITURE	Transportation Equipment And Related Expense		Check if Austin, 1				
		,poco		Transportation				
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght			Office he	eld	_
	expenditure to benefit C/OI	1						

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 97/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/11/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.08	1455 Market Street
		San Francisco , CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rideshare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.97	1455 Market Street
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.34	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Rideshare
		Mucsing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.	egory not listed above)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (I	Ethics Commission Filers)
Sch: 98/105 Rpt: Cortez, Philip (The Honorable) 00067628	
4 Date 5 Payee name	
05/19/2025 United Airlines	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$373.48 77 West Wacker Drive	
Chicago , IL 60601	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel Out of District Check if travel outside of Texas. Complete Check if travel outside of Texas. Complete Check if Austin TX of September 1. Check if	
Check if Austin, TX, officeholder living ex	pense
Allaic	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
·	
Date Payee name	
02/03/2025 Valero	
Amount (\$) Payee address; City; State; Zip Code	
\$64.19 6735 Medina Base Road	
San Antonio, TX 78227	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Check if travel outside of Toyas Complete	
EXPENDITURE   Transportation Equipment and Related     Clear in layer busines of texas. Complete	
Expense Check if Austin, TX, officeholder living ex	pense
i dei	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/24/2025 Valero	
O2/24/2025 Valero  Amount (\$) Payee address; City; State; Zip Code	
Amount (\$) Payee address; City; State; Zip Code	
Amount (\$) Payee address; City; State; Zip Code	
Amount (\$)  Payee address; City; State; Zip Code  \$94.15  6735 Medina Base Road  San Antonio, TX 78227  PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
Amount (\$)  Payee address; City; State; Zip Code  \$94.15  6735 Medina Base Road  San Antonio, TX 78227  PURPOSE OF Transportation Equipment And Related  (b) Description Check if travel outside of Texas. Complete	
Amount (\$)  Payee address; City; State; Zip Code  \$94.15  Purpose OF EXPENDITURE  Payee address; City; State; Zip Code  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  Purpose Check if travel outside of Texas. Completed Check if Austin, TX, officeholder living expense	
Amount (\$)  Payee address; City; State; Zip Code  \$94.15  6735 Medina Base Road  San Antonio, TX 78227  PURPOSE OF Transportation Equipment And Related  (b) Description Check if travel outside of Texas. Complete	
Amount (\$)  Payee address; City; State; Zip Code  6735 Medina Base Road  San Antonio, TX 78227  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Company Comp	pense
Amount (\$)  Payee address; City; State; Zip Code  \$94.15  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	pense
Amount (\$)  Payee address; City; State; Zip Code  6735 Medina Base Road  San Antonio, TX 78227  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Company Comp	pense
Amount (\$)  Payee address; City; State; Zip Code  \$94.15  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	pense

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 99/105 Rpt:	Cortez, Philip (The Honorable) 00067628	
4	Date	5 Payee name	
	03/12/2025	Valero	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$27.45	6735 Medina Base Road	
		San Antonio, TX 78227	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense  Fuel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	01/15/2025	Walgreens-San Antonio	
-	Amount (\$)	Payee address; City; State; Zip Code	-
	\$164.80	7019 South Zarzamora	
	Ψ104.00	7013 30dill ZalZdillold	
		Can Antonia TV 79224	
		San Antonio, TX 78224	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	=
	04/17/2025	Walgreens	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$118.08	5345 N IH 35	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	<del></del>	Check if Austin, TX, officeholder living expense  Supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 100/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	03/26/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$139.79	8538 IH 35 South
		San Antonio, TX 78211
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		<u> </u>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	01/14/2025	Wayfair
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,616.38	Four Copley Place
		7th Floor
		Boston , MA 02116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Furniture for austin apartment Check if travel outside of Texas. Complete Schedule T.    X   Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Lodging supplies
		Loughly supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/21/2025	White Glove Cleaning Service
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$255.48	1910 NW Military Hwy
	Ψ233.40	1516 WW William Y TWY
		San Antonio, TX 78213
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Cry Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		DO cleaning
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPERIULUIE LO DEFIERL C/OI	'

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	<u>_</u>
1	Total pages Schedule F1: Sch: 101/105 Rpt:	2 FILER NAME Cortez, Philip (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067628
4	Date	5 Payee name
	02/13/2025	White Glove Cleaning Service
6	Amount (\$) \$127.74	7 Payee address; City; State; Zip Code 1910 NW Military Hwy San Antonio, TX 78213
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense  DO cleaning
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2025	White Glove Cleaning Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.74	1910 NW Military Hwy
		San Antonio, TX 78213
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DO cleaning
		Do dearing
	Complete ONLY if direct	Condidate Office helder name Office and the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2025	White Glove Cleaning Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.74	1910 NW Military Hwy
		San Antonio, TX 78213
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DO cleaning
		Do dearing
$\vdash$	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 102/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4	Date	5 Payee name
	06/05/2025	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 this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  DO cleaning
		Do dealing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/03/2025	You Name It Specialties
H	Amount (\$)	Payee address; City; State; Zip Code
	\$683.33	12830 Cogburn Ave suite 111
		San Antonio, TX 78249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fiesta medals
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/13/2025	You Name It Specialties
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$953.86	12830 Cogburn Ave suite 111
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fiesta medals
		riesta illeuais
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1: Sch: 103/105 Rpt:	FILER NAME     Cortez, Philip (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067628
4	Date 01/02/2025	5 Payee name Zoom		
6	Amount (\$) \$17.07	<ul><li>7 Payee address; City; State; Zip Cod</li><li>55 Almaden Blvd</li><li>San Jose, CA 95113</li></ul>	е	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Video conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 02/03/2025	Payee name Zoom		
	Amount (\$) \$17.07	Payee address; City; State; Zip Cod 55 Almaden Blvd San Jose, CA 95113	е	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Video conference
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 03/03/2025	Payee name Zoom		
	Amount (\$) \$17.07	Payee address; City; State; Zip Cod 55 Almaden Blvd	е	
		San Jose, CA 95113		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Video conferencing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 104/105 Rpt:	Cortez, Philip (The Honorable) 00067628
4 Date	5 Payee name
04/02/2025	Zoom
6 Amount (\$) \$17.07	7 Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113
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  Video conferencing
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2025	Zoom
Amount (\$) \$17.07	Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113
DUDDOOF.	
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  Video conferencing
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Zoom
Amount (\$) \$18.13	Payee address; City; State; Zip Code 55 Almaden Blvd
	San Jose, CA 95113
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 Video conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)	
	Sch: 105/105 Rpt:		Cortez, Ph		lonorable)					00067628		
4	Date	5	Payee name									
	06/12/2025		Zweiner, E									
6	Amount (\$)	7	Payee addre	ess; City	y; Sta	ate; Zip C	ode					_
	\$42.76		P.O. Box 1			•						
			Austin, TX	78711								
8	PURPOSE	(a)	Category (S	See Categories	listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Gift/Award	s/Memoria	ıls Expense			_		ide of Texas. Com , officeholder living		
								Committee g		, onicendider living	expense	
								· · · · · · · · · · · · · · · · · ·				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder n	ame	Office so	ught			Office he	eld	