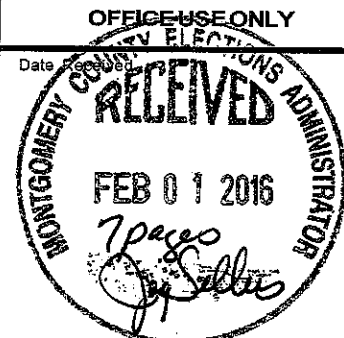


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |                           |
|---|---|--|---------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:<br>7 |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR                      FIRST    MI<br>Phillip G. Cash<br><br>NICKNAME                                      LAST    SUFFIX   | <b>OFFICE USE ONLY</b><br><br>Date Hand-delivered or Date Postmarked  |                           |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>POB 2099, Willis, Texas 77378   |  |                           |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE                      PHONE NUMBER    EXTENSION<br>( 936 )                      230-8655   |  |                           |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR                      FIRST    MI<br>Heather L. Cash<br><br>NICKNAME                                      LAST    SUFFIX   | Receipt #  | Amount \$                 |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  |   | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>POB 2099, Willis, Texas 77378                                   |                           |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE                      PHONE NUMBER    EXTENSION<br>( 936 )                      230-8433   | Date Processed   |                           |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                           |
| <b>10 PERIOD COVERED</b>  | Month                      Day                      Year    Month                      Day                      Year<br>01 / 01 / 2016    THROUGH    01 / 21 / 2016   |  |                           |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month                      Day                      Year<br>03 / 01 / 2016   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                           |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br>Constable, Precinct 1  |                           |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

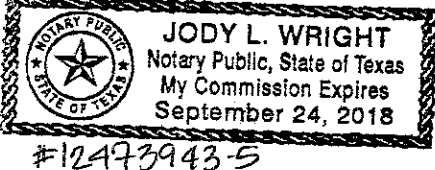
FORM C/OH  
COVER SHEET PG 2

|                                       |   |
|---------------------------------------|---|
| <b>14 C/OH NAME</b><br>Philip G. Cash | <b>15 Filer ID (Ethics Commission Filers)</b> |
|---------------------------------------|---|

|   |   |                                      |
|---|---|--------------------------------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                                      |
|   | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME                       |
|   |   | COMMITTEE ADDRESS                    |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

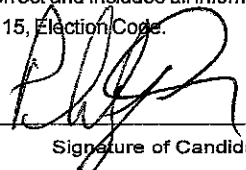
|                                |   |             |
|--------------------------------|---|-------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$0         |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$100.00    |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$0         |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$2,863.14  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$20,985.96 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$7,500.00  |

**18 AFFIDAVIT**

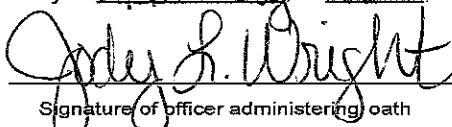


AFFIX NOTARY STAMP / SEAL ABOVE

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Philip Cash, this the 1st day of February 2016, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Jody L. Wright

 Printed name of officer administering oath

Notary

 Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME  
Philip G. Cash

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 100.00          |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$ 0               |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0               |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ 0               |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS         | \$2,863.14         |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0               |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                   | \$ 0               |
| 8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                              | \$ 0               |
| 9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH              | \$ 0               |
| 10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0               |
| 11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0               |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:<br>1 of 1          |
| 2 FILER NAME<br>Philip G. Cash  |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br>01.01.2016  | 5 Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span><br>John H. Koonce <input type="checkbox"/><br>6 Contributor address; <span style="float: right;">City; State; Zip Code</span><br>15932 Malibu East, Willis, Texas 77318 | 7 Amount of contribution (\$)<br><br>\$100.00 |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                 |
| Date  | Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span><br><input type="checkbox"/><br>Contributor address; <span style="float: right;">City; State; Zip Code</span>  | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
| Date  | Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span><br><input type="checkbox"/><br>Contributor address; <span style="float: right;">City; State; Zip Code</span>  | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
| Date  | Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span><br><input type="checkbox"/><br>Contributor address; <span style="float: right;">City; State; Zip Code</span>  | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>01 of 03 | <b>2</b> FILER NAME<br><b>PHILIP CASH</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>4</b> Date<br>01.04.2016 | <b>5</b> Payee name<br>Dock Line |
|-----------------------------|----------------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$316.00 | <b>7</b> Payee address; City; State; Zip Code<br>5441 Edgewater Court, Willis, Texas 77318 |
|----------------------------------|--|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><br>Advertising Expense | <b>(b)</b> Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br><br>Campaign Ad |
|---|--|--|

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

|                    |                          |
|--------------------|--------------------------|
| Date<br>01.11.2016 | Payee name<br>Home Depot |
|--------------------|--------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$10.14 | Payee address; City; State; Zip Code<br>1341 West Davis Street, Conroe, Texas 77304 |
|------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br><br>Office Overhead | Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br><br>Office Supplies |
|-------------------------------|---|---|

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

|                    |                           |
|--------------------|---------------------------|
| Date<br>01.12.2016 | Payee name<br>Steve Scott |
|--------------------|---------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$500.00 | Payee address; City; State; Zip Code<br>111010 Blue Bell Drive, Willis, Texas 77318 |
|-------------------------|---|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule)<br><br>Consulting Expense | Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br><br>Consulting Services for Campaign |
|-------------------------------|--|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>02 of 03              |  | <b>2</b> FILER NAME<br>PHILIP CASH  |   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>01.12.2016                                |  | <b>5</b> Payee name<br>Lake Conroe Area Republican Women PAC  |   |  |  |
| <b>6</b> Amount (\$)<br>\$25.00                            |  | <b>7</b> Payee address; City; State; Zip Code<br>POB 737, Montgomery, Texas 77356                           |   |  |  |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>              | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><br>Contribution/Donation made by Candidate |   | <b>(b)</b> Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br>Donation                   |  |  |
|  | Candidate / Officeholder name  |   | Office sought   | Office held                                  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |   |  |  |
| Date<br>01.12.2016   |  | Payee name<br>The First Tradition   |   |  |  |
| Amount (\$)<br>\$1,500.00                                  |  | Payee address; City; State; Zip Code<br>8000 Research Forest Drive #115 PMB 251, The Woodlands, Texas 77382 |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><br>Consulting Expense                                 |   | Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br>Consulting Services for Campaign      |  |  |
|  | Candidate / Officeholder name  |   | Office sought   | Office held                                  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |   |  |  |
| Date<br>01.13.2016   |  | Payee name<br>Suddenlink  |   |  |  |
| Amount (\$)<br>\$65.00                                     |  | Payee address; City; State; Zip Code<br>POB 660365, Dallas, Texas 75266-0365                                |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><br>Office Overhead                                    |   | Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br>Internet Service Expense for Campaign |  |  |
|  | Candidate / Officeholder name  |   | Office sought   | Office held                                  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |   |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | 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:<br>03 of 03                       |  | 2 FILER NAME<br><b>PHILIP CASH</b>  |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date<br>01.13.2016   |  | 5 Payee name<br>Verizon Wireless  |  |  |  |
| 6 Amount (\$)<br>\$121.28                                    |  | 7 Payee address; City; State; Zip Code<br>POB 660108, Dallas, Texas 75266-0108      |  |  |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           |  | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead |  | (b) Description<br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br>Phone Bill Expense for Campaign  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought                      Office held   |  |
| Date<br>01.05.2016   |  | Payee name<br>84 Lumber   |  |  |  |
| Amount (\$)<br>\$275.71                                      |  | Payee address; City; State; Zip Code<br>930 IH 45 South, Conroe, Texas 77304        |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See categories listed at the top of this schedule)<br>Advertising Expense |  | Description<br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br>Supplies for building Campaign Signs |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought                      Office held   |  |
| Date<br>01.05.2016   |  | Payee name<br>Office Deport   |  |  |  |
| Amount (\$)<br>\$50.01                                       |  | Payee address; City; State; Zip Code  |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See categories listed at the top of this schedule)<br>Printing Expense    |  | Description<br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br>Fundraising Event Flyer              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought                      Office held   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**