(512) 463-5800

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: (1072) 17
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST M.C. PMILIP NICKNAME LAST	MI G SUFFIX	Date Reference RELEIVED TO JAN 1 4 2015 HAVE
,	CASH		S IAM 4 2045 SS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX; APT/SUITE#; CITY; P.O. BOX 2099, WILLIS	STATE: ZIPCODE	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 230 - 8655	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MYS. Heather NICKNAME LAST	L SUFFIX	Date imaged M.M. 1/16/15
	CASH	CONTE	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 15927 WilderCVOFt, W	city: state: VIIIis, Texas	ZIP CODE 5 77318
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 230 - 8435	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderorly)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12/31/	Year 2014
11 ELECTION	Month Day Year ELECTION TYPE 03/01/2016 ELECTION TYPE Primary	Runoff (General Special
12 OFFICE	OFFICE HELD (ifany)	13 OFFICE SOUGHT (IF KNOWN) MONTGOME	ry county
	nla	Constable	ry County Precinct 1
	GO TO PAG	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Philip a	. CASH		15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$25,704.00		
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$ 729.28		
	4. TOTAL	POLITICAL EXPENDITURES	\$9,218.45		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 16,836.88		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT	ISA G. APPLET	is true and correct and includes a me under Title 15, Election Code.	f perjury, that the accompanying report		
Nota	ry Public, State of Te Commission Expire June 28, 2016	Xas Signature of Car	ndidate or Officeholder		
Sworn to and subs	of <u>Janua</u>		, this the my hand and seal of office.		
Signature of fficer admin	histering oath	Melisa G. Appleton Printed name of officer administering oath	Notary Public Title of officer administering oath		

SCHEDULE A

	The state of the s			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 01 5
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
"Phili	p.G. Cash			
4 Date	\5 Full name of contributor ☐ out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/	Jim P. Moms 6 Contributor address; City; State; Zip Code		,	
/29/	17178 West FM1097		5,000-	
12014	Montgomery, Texas	77356	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/ .	Larry D. Hughan		(4)	accompany (ii applicable)
/23/	Contributor address; City; State) Zip Code	ichoet	270	
	200 North Woodsull	9511001	250-	
12014	Conroe, Texas 773	· · · · · · · · · · · · · · · · · · ·		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
10/	Robert E. Bice		contribution (\$)	description (if applicable)
151	Contributor address: City; State; Zip Code 12708 VIVO DVIVE		200	
13/	12108 VII 90 DI IVE	a	300-	
12014	Willis, Texas 773	318	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/	Imothy Seay	. ,	, ,	, , , , , , , , , , , , , , , , , , , ,
/18/	Contributor address; City; State; Zip Gode 2614 SOUH WILD ID	dCircle	Em-	
2011	2017 300110110011	a Circio	JU	
12014	Spring, lexas 7738	<u> </u>	(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
/	Mary a sad A : - 1. B.	110011	contribution (\$)	description (if applicable)
11/2	Contributor address: City: State: Zin Code	UIOCK .		
113/	16780 Old Danville 1	Koad	1,000 -	
12014	Willis Texas 77318	3		f.Tours
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this for	m.	1 Total pages Sch	edule A: 2045
2 FILER NAME	o G. Cash		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2014	15900 Malibu East		500-	
	Willis, Texas 171318)	(If travel outside o	of Texas, complete Schedule T)
9 Principal occuş	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	Pozier	Amount of contribution (\$)	In-kind contribution description (if applicable)
2011	14/20 Lake Point Drive		1,000-	
2014	Willis, Texas 77318		l (If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	structions)	
Date	Full name of contributor out-of-state PAC (ID#	oman	Amount of contribution (\$)	In-kind contribution description (if applicable)
15/		ie,	1,000-	
2014	Houston, lexas 77004	l	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Mod + Alfond Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
/15/	917 Franklin Street, Su	ite600	500-	
12014	Houston, Texas 77002-1	764	(If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID# Chip B. Lewis Contributor address; City; State; Zip Code		Amount of contribution (\$)	in-kind contribution description (if applicable)
DUM	2120 Welch Street	10	1,000 -	
20, 7	Houston, Texas Till	14		f Texas, complete Schedule T)
Principal occup	etion / Job title (See Instructions)	Employer (See In	structions)	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 3 87 5			
PhilloG. Cash	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5 Full name of contributorout-of-state PAC(ID#) BBMP LLC 6 Contributor address; City; State; Zip Code	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
P.O. BOX 1342	1,000-			
9 Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, complete Schedule T) instructions)			
Date Full name of contributor out-of-state PAC (ID#) Stacey E. and Joseph M. Schultea	Amount of In-kind contribution contribution (\$) description (if applicable)			
2017 FM 1375 Road East	3,000-			
/2014 Huntsville, Texas 77340 Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)			
2				
Date Full name of contributor out-of-state PAC (ID#) IV Vernor B. Miller	Amount of In-kind contribution contribution (\$) description (if applicable)			
15/ Contributor address; City; State; Zip Code 12435 FM 830	1,000			
12014 Willis, Texas 77318	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)			
2014 Suite WHY TEVER MANAGE	1,000-			
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)			
Date Full name of contributor	Amount of in-kind contribution contribution (\$) description (if applicable)			
Contributor address; City; State; Zip Code) 3355 West alabama 2014 Sunt HHH	1,000-			
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)			

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 4 07 5
Philip G. Cash	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of 8 In-kind contribution
10/ Timothy Seay	contribution (\$) description (if applicable)
26 Contributor address; City; State; Etip Code 2614 South Wildwind Circle	1,000-
12014 Soning, Texas 17380	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (Se	
Date Full name of contributor out-of-state PAC (1D#	Amount of in-kind contribution contribution (\$) description (if applicable)
Contributor adefess; City; State; Zip Code 2017 FM 1375 Road East	2,000-
12014 Huntsville, Texas 77340	(If irayel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
IV Timothy ONeill	contribution (\$) description (if applicable)
12/ LWaterway Avenue #1314	200-
2014 The Wordlands, Texas 77387	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor ☐ out-of-state PAC (ID#) Amount of In-kind contribution
11/ Antonio Leal	contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	1,000-
/2014 Sugarland, Texas 77478	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job tile (See Instructions) Employer (See	
DateFull name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution
IV Grea Holcombe	contribution (\$) description (if applicable)
112/ Contributorladdress; City; State; Zip Code 6910 FM 1488 #4	500-
12014 magnolia, Texas 77354	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
	· ·

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POLITICAL	CONTRIBUTI	ONS
OTHER THA	AN PLEDGES	OR LOANS

P.O. Box 12070

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	5045
2 FILER NAME	io G. Cash		3 ACCOUNT# (E	thics Colomission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1)/	Kobert Mackey		\ ',	SIGSQUER
/15/	6 Contributor address; City; State; Zid Code 11173 FM 2432 ROC	Λ	900-	Firearm
12014	Connoe Texas TI	303	(If travel outside	 of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/	lommy dage sheriff	ampaignfund		decomption (ii applicable)
17/	P.OB 3665	1 ()	5000-	
12014	Connoe, Texas 7731	05	(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
11	Cindu Brzymial	Kiewicz	contribution (\$)	description (if applicable)
1/19/	Contributor address; City; State; Zip Code 17380 Conroll Lor.		1,000-	
2014	Willis Texas 773	78	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#		A	for Literature and the state of
Date	I dil hame of continuator		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			<u> </u>	
District	After (lab Alle (O) - la Arra Africa			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
:	•			·
			(If trouval australia -	of Toyon complete Cabadida Ti
Principal occup	nation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense	Gift/Awards/Memorials Expense			h			
Accounting/Banking	Legal Services	Salaries/Wages/Contract Lab Solicitation/Fundralsing Expe	· •				
Consulting Expense	Food/Beverage Expense	Travel In District	rnse Transportation Equipme Contributions/Donation	•			
Event Expense	Polling Expense	Travel Out Of District		der/Political Committee			
Fees .	Printing Expense	Office Overhead/Rental Exp	ense OTHER (enter a catego	ory not listed above)			
	The Instruction Guide	explains how to complete	this form.				
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)			
1029	Philip G. Ca	2.14					
4 Date	5 Payee name						
12 12 0 UL	Real RIVI						
6 Amount (6)	7 Payee address; Otty; Sta	ate; Zîp Code	. WASA L				
_	· Payee address, Oily, Siz						
205.66	501 Intersta	le45, Con1	roe, Texas	77301			
8 PURPOSE	(a) Category (See categories listed at the top		cription (if travel outside of Texas, co				
OF EXPENDITURE	occión a laschan	1	Printerson	Cammian			
EXPENDITURE	Office overhea	9 7,	Check if Austin, TX, officeholder living	expense			
9 Complete ONLY if direct	Candidate / Officeholder name		e sought	Office held			
expenditure to benefit C/C		00	o coag	Office field			
			· · · · · · · · · · · · · · · · · · ·				
10/20/20	Rayee name	colono					
110/20/2014	Verizon Mi	(KICSS					
Amount (\$)	Payee address; City; Sta	ite; Zip Code		777304			
HIGHA			0 11	1 - 1101			
465.42	1140 North FM.	<u>3083 West</u>	Sut 300,(ionnoe/evas			
PURPOSE	Category (See categories listed at the top	of this schedule) Desi	cription (If travel outside of Texas, cor	nplete Schedule T)			
OF EXPENDITURE	~ PD	i	Phonedon	(amound			
EXPENDITURE	Ottop Oxpring		Check it Austin, TX, officeholder living	expense 4			
Complete ONLY if direct	Candidate / Officeholder name	Office	e sought	Office held			
expenditure to benefit C/C)H		_				
D-4-	Payee name						
na hilloni	C. ddoin I						
D1/04/2014	Juagen Wi	\K_2					
Amount (\$)	Payee address; City; Sta	te; Zip Code					
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40.10	1.000x 6603	ob Jimilas	3. IEX QS 75.	71111-1365			
	Category (See categories listed at the top	of this schedule) Desc	cription (If travel outside of Texas, cor	notete Schedule T)			
PURPOSE OF	000: 0	1	Toternett	OR Mamoria			
EXPENDITURE	Office. Worn	and \Box	Check if Austin, TX, officeholder Wiff	expense VIII			
Complete ONLY if direct	Candidate / Officeholder name	Office	e sought	Office held			
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	Cinic	c adagm	Office field			
				-			
Date (Payee name	A. A.	O	- 0 -			
09/18/2014	Giveater (FNOO/LO	ile l'onnoeour	a month of the	mmerie 1			
Amount (\$)	Payee address; City; Sta	te; Zip Code	0				
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110.00	505 West bou	is Street,	Convoction	OS MUZDI			
	Category (See categories listed at the top		cription (If travel outside of Texas, cor	mplete Schedule T			
PURPOSE	Contributions	ma Him	Laborator la cata	nplete Schedule T)			
OF EXPENDITURE	made bullands	do la	MULLEYSTU TOS	しんひげ			
	Candidate (Strate)		Check if Austin, TX, officeholder living				
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	. Office	e sought	Office held			
oxponditions to beliefit O/C	· · · · · · · · · · · · · · · · · ·						
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDU	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement			
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By			
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee			
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)			
	The Instruction Guid	e explains how to complete this f	orm.			
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
2014	1 Whilin G. C.	i all	(**************************************			
4 Date . U a	5 Payee name					
00/60/00	5 Payee name 1		· · · · · · · · · · · · · · · · · · ·			
109/18/2014	+1 N O	MINTURPOUR	liaan tarta			
6 Amount (\$)	7 Payee address; City; S	ate: Zip Code	1100 19			
200		1001	<u> </u>			
1200-	310 Metcal	+ Street (m	rne levas 773DI			
	9,- ,	1 011 CC1 : CO10	100, 10 MODI			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Contribution/D	aution) Dell	h 11/5 50 manni love and			
EX. ENDITORE	made bulan	_	Austin, TX officeholder living expense			
O Complete ONLY S. S	Candidate / Officeholder name					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office soug	pht Office held			
experiment to perioni O/	Z11					
Date	Payee name	•				
100/22/2011		ions and amo	toice !			
UYENAUIT	super true s	LANS AND GRAF				
Amount (\$)						
412.30	1112 North F	ica sier longer	DIDVAS MUSS.			
412.30	1112 NOT THE	rado, como	e, rems 77201			
			, , , , ,			
PURPOSE	Category (See categories listed at the to	of this schedule) Description	1 (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Data Lac -	Bu	moer Stickers 7			
CAPENDITORE	MINHING EXPE	Check if	Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held			
expenditure to benefit C/C)H		J			
Date	Payee name					
19/17/2014	Sam's Club	١				
by riphor 1		<u>, </u>				
Amount (\$)		ate; Zip Code				
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104.41	LUUU WESI VIE	will the first t	De, Texas 77304			
PURPOSE	Category (See categories listed at the top	or this schedule) Description	(If travel outside of Texas, complete Schedule T)			
OF	Office overhead	CO:	MOUTERAULIUMMIKNI			
EXPENDITURE	urnee over nead	Check if	Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held			
expenditure to benefit C/OH						
Date (Payee name	•				
UV23/2014	(Pto ne Me)	7/1/2				
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
. 72	, ,	_ ' _ <u>.</u> '				
180-	4600 Thomas	, Conroe, Te	xas 77303			
, , ,		, 00, , 00, 10	1500 / 1000			
	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)			
PURPOSE	, , , , , , ,	Description 37	1			
OF EYDENNITUDE	Krinding Casa	20 a 5 B	annevslost Amouail			
EXPENDITURE	THE THE COR	Check if	Austin, TX, officeholder living expense			
Complete ONLY If direct	Candidate / Officeholder name	Office sough	nt () Office held			
expenditure to benefit C/0	DH		·			
	ATTACHARRITON	ODIEC OF THE CO.				
	ALIACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	NEEDED			

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C				
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By			
Event Expense	Polling Expense Travel Out Of Dis				
Fees	Printing Expense Office Overhead/f	, , , , , , , , , , , , , , , , , , , ,			
	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
299	Philip G. WSH				
4 Date 0	5 Payee name	*			
09/29/2014	Wayne Mack Came	sugn			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
40-	POB2234, Conrol, Te	1906 TUSOD			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	000'5' 000 000 000	Wayne Mack Fundraises			
·	POLITICAL CONTRIBUTION	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	f Office sought Office held			
expenditure to benefit C/О	ln				
Date	Payee name	0 i 1			
10/02/2014	l (I pril Sound Countr	4 Club			
Amount (\$)	Payee address; City; State; Zip Code	J			
20-	ma Anil Sound Blid	Montopmery, Texas 77356			
52	icomprisoned biva,	Things in griff the same of th			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	and the more Come	- LEFIKN Luncheon			
	TUSY DELEVIGE EXPISE	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
experience to benefit ore					
Date	Payee name				
10/09/2014	Sudden Link				
Amount (\$)	Payee address; City; State; Zip Code				
21711	P.O. Box 660365. No. 1	LOO TOKON MENLI NOUT			
71.19	1.0.100k 660 260, 12al	las, lexas 7521do-0365			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedula,T)			
OF .	$MDD \cdot M = 1$	Check if Austin, TX, office holder living expense Planguage			
EXPENDITURE	Office Obrnead				
Complete ONLY if direct Candidate / Officeholder name Office sought Officehold expenditure to benefit C/OH					
Date	Payee name				
10/10/2014	Verizon Wireless				
Amount (\$)	Payee address; City; State; Zip Code	MH201			
21002	11110 16-16 74/2022 11/0	10:1.200/			
LL08.40	1170 NUrTh HY3083 WES	TOWE JULIONIDE, IEVAS			
DUDDOGE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)			
PURPOSE OF	Densing Alaman	Phone Billey humaiai -			
EXPENDITURE	Uttile Over nead	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Salaries/Wages/Conti Solicitation/Fundraish Travel In District	ng Expense Tra		nent & Related Expense
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distric	t .		lder/Political Committee
1 000	The Instruction Guide	Office Overhead/Ren explains how to co	•	tek (enter a cate)	gory not listed above)
1 Total pages Schedule F:	Philip G. Cas	sh:		3 ACCOUNT#	Ethics Commission Filers)
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8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (I	o) Description (If tra	vel outside of Texas, c	propiete Schedule T)
EXPENDITURE	Printing Exp	ense		TX, officeholder liv	alampaigi
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held V
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OF EXPENDITURE	Event Expe	nse	Check if Austin,	-X Rent TX, officeholder livin	TOTO (LIMPES)
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EXPENDITURE Complete ONLY if direct	Printing Exper Candidate / Officeholder name	me !	Check if Austin, Office sought	TX, officeholder livir	g expense Office held
EXPENDITURE	· ·	ME !			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement		
Accounting/Banking		Solicitation/Fundraising Expense	Transportation Equipment & Related Expense		
Consulting Expense		Travel in District	Contributions/Donations Made By		
Event Expense		Travel Out Of District	Candidate/Officeholder/Political Committee		
Fees	Printing Expense (Office Overhead/Rental Expense	OTHER (enter a category not listed above)		
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8 PURPOSE	(a) Category (See categories listed at the top of	fthis schedule) (b) Description	(If travel outside of Texas, complete Schedule T)		
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SAPENDITURE	HOLLHOW (MAN	DUTION CheckifA	ustin, TX, officeholder living expense		
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EXPENDITURE	HOOCITHATIOMOIA &		ustin, TX, officeholder living expense \(\begin{align*}(1)\line{\chi}^2\line{\chi}\end{align*}		
Complete ONLY if direct	Candidate / Officeholder name	Office sought			
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BO	OX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Lat	bor Loan Repayment/Rei	imbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expe	ense Transportation Equip	ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donation	ons Made By
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OF EXPENDITURE	SUPPL EXM	nco I	Check if Austin, TX, officeholder livi	
	Candidate / Office helder			***************************************
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	•	Loan Repayment/F	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundral	sing Expense	•	ipment & Related Expense
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Fees	Printing Expense	Office Overhead/Re			ategory not listed above)
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6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	•—		
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texa	as, complete Schedule T)
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expenditure to benefit C/C	DH				
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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
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6 Amount (\$)	7 Payee address; City; Star	-			
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8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule) (b)	Description (If travel outside	of Texas, complete Schedule T)	
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Advertising Expense Accounting Banking Consulting Expense Accounting Banking Consulting Expense Event Expense Expension Expense Event Expense Expension						
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.		edule K:	
2 FILER NAME	o G. Cash	3 ACCOUNT (Et	hics Commission Filers)
4 Date	5 Name of person from whom amount is received	i	8 Amount (\$)
9/ /25/	Sam's Club 6 Address of person from whom amount is received; City; State; Zip Code 2000 Westview BIVd Connoe, Texas 47304	· · · · · · · · · · · · · · · · · · ·	151.33
12014	7 Purpose for which amount is received DISCOUNT-REFUNDCAME	aign Con	Dufer
Date	Name of person from whom amount is received	<u>)</u>	Amount (\$)
9/	Verizon Wireless Address of person from whom amount is received; City; State; Zip Code P.O. Box 540048		100-
12014	El Paso, Texas 88554-0	048	
	Purpose for which amount is received Rebate-Campaign Hone		
Date	Name of person from whom amount is received		Amount (\$)
130/	Verizon Wireless Address of person from whom amount is received; City; State; Zip Code P.O. BOX 540048 El Paso, Texas 88554	. 2	100-
	Purpose for which amount is received Pelate-Campaign thou		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		. ,
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	