

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

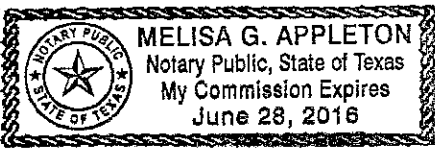
14 C/OH NAME Philip G. Cash	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

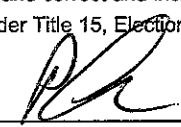
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 54.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,704.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 729.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,218.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,836.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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




AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Philip G. Cash, this the 13th day of January, 20 15, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Melisa G. Appleton
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1 of 5

2 FILER NAME

Philip G. Cash

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/
29/
2014

5 Full name of contributor out-of-state PAC (ID# _____)

Jim P. Morris

6 Contributor address; City; State; Zip Code

17178 West FM 1097
Montgomery, Texas 77356

7 Amount of contribution (\$)

5,000-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/
23/
2014

Full name of contributor out-of-state PAC (ID# _____)

Larry S. Hughan

Contributor address; City; State; Zip Code

200 North Woodsway Street
Conroe, Texas 77301

Amount of contribution (\$)

250-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/
15/
2014

Full name of contributor out-of-state PAC (ID# _____)

Robert E. Bice

Contributor address; City; State; Zip Code

12708 Virgo Drive
Willis, Texas 77318

Amount of contribution (\$)

300-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/
18/
2014

Full name of contributor out-of-state PAC (ID# _____)

Timothy Seay

Contributor address; City; State; Zip Code

2614 South Wildwind Circle
Spring, Texas 77380

Amount of contribution (\$)

500-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/
15/
2014

Full name of contributor out-of-state PAC (ID# _____)

Mark and Cindy Bullock

Contributor address; City; State; Zip Code

16780 Old Danville Road
Willis, Texas 77318

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Philip G. Cash

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/15/2014

5 Full name of contributor out-of-state PAC (ID# _____)

Carol Hopkins

6 Contributor address; City; State; Zip Code

15900 Malibu East
Willis, Texas 77318

7 Amount of contribution (\$)

500-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

Sandra C. and Tom Rozier

Contributor address; City; State; Zip Code

14120 Lake Point Drive
Willis, Texas 77318

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

Bobby L. and Anne Newman

Contributor address; City; State; Zip Code

331 Sugarberry Circle
Houston, Texas 77024

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

Matt Alford

Contributor address; City; State; Zip Code

917 Franklin Street, Suite 600
Houston, Texas 77002-1764

Amount of contribution (\$)

500-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

Chip B. Lewis

Contributor address; City; State; Zip Code

2120 Welch Street
Houston, Texas 77019

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 5

2 FILER NAME

Phillip G. Cash

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/15/2014

5 Full name of contributor out-of-state PAC (ID# _____)

BBMP, LLC

6 Contributor address; City; State; Zip Code

P.O. Box 1342
HOUSTON, TEXAS 77251-1342

7 Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

Stacey E. and Joseph M. Schultea

Contributor address; City; State; Zip Code

2017 FM 1375 Road East
Huntsville, Texas 77340

Amount of contribution (\$)

3,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

Vernon B. Miller

Contributor address; City; State; Zip Code

12435 FM 830
Willis, Texas 77318

Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

Bobby K. Neman, P.C.

Contributor address; City; State; Zip Code

3355 West Alabama
Suite 444
HOUSTON, TEXAS 77098

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2014

Full name of contributor out-of-state PAC (ID# _____)

John E. Van Ness, P.C.

Contributor address; City; State; Zip Code

3355 West Alabama
Suite 444
HOUSTON, Texas 77098

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 5

2 FILER NAME

Philip G. Cash

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/
/22/
/2014

5 Full name of contributor out-of-state PAC (ID# _____)

Timothy Seay

6 Contributor address; City; State; Zip Code

2614 South Wildwind Circle

Spring, Texas 77380

7 Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/
/06/
/2014

Full name of contributor out-of-state PAC (ID# _____)

Stacey E. and Joseph M. Schultea

Contributor address; City; State; Zip Code

2017 FM 13715 Road East

Huntsville, Texas 77340

Amount of contribution (\$)

2,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/
/12/
/2014

Full name of contributor out-of-state PAC (ID# _____)

Timothy O'Neill

Contributor address; City; State; Zip Code

1 Waterway Avenue #1314

The Woodlands, Texas 77380

Amount of contribution (\$)

200-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/
/12/
/2014

Full name of contributor out-of-state PAC (ID# _____)

Antonio Leal

Contributor address; City; State; Zip Code

6 Arrowhead Court

Sugarland, Texas 77478

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/
/12/
/2014

Full name of contributor out-of-state PAC (ID# _____)

Greg Holcombe

Contributor address; City; State; Zip Code

6910 FM 1488 #4

Magnolia, Texas 77354

Amount of contribution (\$)

500-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 5

2 FILER NAME

Philip G. Cash

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/15/2014

5 Full name of contributor out-of-state PAC (ID# _____)

Robert Mackey

6 Contributor address; City; State; Zip Code

11173 FM 2432 Road

Conroe, Texas 77303

7 Amount of contribution (\$)

900-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

Sigsauer
Firearm

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/17/2014

Full name of contributor out-of-state PAC (ID# _____)

Tommy Gage Sheriff Campaign Fund

Contributor address; City; State; Zip Code

P.O. Box 3665

Conroe, Texas 77305

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/2014

Full name of contributor out-of-state PAC (ID# _____)

Cindy Brzymialkiewicz

Contributor address; City; State; Zip Code

17380 Carroll Lane

Willis, Texas 77378

Amount of contribution (\$)

1,000-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****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 Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 9		2 FILER NAME Philip G. Cash		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/30/2014		5 Payee name Best Buy			
6 Amount (\$) 205.66		7 Payee address; City; State; Zip Code 501 Interstate 45, Conroe, Texas 77301			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead		(b) Description (If travel outside of Texas, complete Schedule T) Printer for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/30/2014		Payee name Verizon Wireless			
Amount (\$) 465.42		Payee address; City; State; Zip Code 1140 North FM 3083 West, Suite 300, Conroe Texas 77301			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) Phone for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/04/2014		Payee name Sudden Link			
Amount (\$) 93.10		Payee address; City; State; Zip Code P.O. Box 660365, Dallas, Texas 75216-0365			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Internet for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/18/2014		Payee name Greater Conroe/Lake Conroe Area Chamber of Commerce			
Amount (\$) 110.00		Payee address; City; State; Zip Code 505 West Davis Street, Conroe, Texas 77301			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation made by Candidate		Description (If travel outside of Texas, complete Schedule T) Lobster Fest 2014 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 9	2 FILER NAME Philip G. Cash	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09/18/2014	5 Payee name Montgomery County Republican Party
6 Amount (\$) 200-	7 Payee address; City; State; Zip Code 310 Metcalf Street, Conroe, Texas 77301

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution/Donation made by Candidate	(b) Description (If travel outside of Texas, complete Schedule T) Dr. Wally's 50th Anniversary <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/22/2014	Payee name Super Blue Signs and Graphics
Amount (\$) 412.30	Payee address; City; State; Zip Code 1112 North Frazier, Conroe, Texas 77301

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Bumper Stickers for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 09/17/2014	Payee name Sam's Club
Amount (\$) 756.67	Payee address; City; State; Zip Code 2000 Westview Blvd, Conroe, Texas 77304

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Computers for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 09/23/2014	Payee name Cetane Media
Amount (\$) 180-	Payee address; City; State; Zip Code 4600 Thomas, Conroe, Texas 77303

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Banners for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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 Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 9		2 FILER NAME Philip G. Cash		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/29/2014		5 Payee name Wayne Mack Campaign			
6 Amount (\$) 40-		7 Payee address; City; State; Zip Code POB 2234, Conroe, Texas 77305			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Political Contribution		(b) Description (If travel outside of Texas, complete Schedule T) Wayne Mack Fundraises <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/02/2014		Payee name April Sound Country Club			
Amount (\$) 32-		Payee address; City; State; Zip Code 1000 April Sound Blvd, Montgomery, Texas 77356			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) HEARW Luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/09/2014		Payee name Sudden Link			
Amount (\$) 47.14		Payee address; City; State; Zip Code P.O. Box 660365, Dallas, Texas 75266-0365			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Internet Bill Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/10/2014		Payee name Verizon Wireless			
Amount (\$) 268.93		Payee address; City; State; Zip Code 1140 North FM 3083 West, Suite 300, Conroe, Texas 77304			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Phone Bill Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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 Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 9		2 FILER NAME Philip G. Cash		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/13/2014		5 Payee name Super Blue Signs and Graphics			
6 Amount (\$) 56.83		7 Payee address; City; State; Zip Code 1112 North Frazier, Conroe, Texas 77301			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Name tags for campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input checked="" type="checkbox"/> Office held <input checked="" type="checkbox"/>	
Date 10/22/2014		Payee name Able Glass			
Amount (\$) 714.45		Payee address; City; State; Zip Code 2017 North Frazier, Conroe, Texas 77301			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Contribution		Description (If travel outside of Texas, complete Schedule T) Items for fundraiser <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	
Date 10/27/2014		Payee name Montgomery County			
Amount (\$) 250 -		Payee address; City; State; Zip Code 600 Gerald Street, Willis, Texas 77378			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Facility Rental for campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	
Date 10/28/2014		Payee name Super Blue Signs and Graphics			
Amount (\$) 270.63		Payee address; City; State; Zip Code 1112 North Frazier, Conroe, Texas 77301			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) campaign cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 9		2 FILER NAME Philip G. Cash		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/2014		5 Payee name Wayne Mack			
6 Amount (\$) 100 -		7 Payee address; City; State; Zip Code P.O. Box 2234, Conroe, Texas 77305			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Political Contribution		(b) Description (If travel outside of Texas, complete Schedule T) Wayne Mack Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/2014		Payee name Craig Doyal			
Amount (\$) 50 -		Payee address; City; State; Zip Code P.O. Box 1032, Montgomery, Texas 77356			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Contribution		Description (If travel outside of Texas, complete Schedule T) Craig Doyal Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/2014		Payee name Craig Doyal			
Amount (\$) 100 -		Payee address; City; State; Zip Code P.O. Box 1032, Montgomery, Texas 77356			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Contribution		Description (If travel outside of Texas, complete Schedule T) Craig Doyal Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/05/2014		Payee name Bentwater Country Club			
Amount (\$) 32 -		Payee address; City; State; Zip Code 800 Bentwater Drive, Montgomery, Texas 77356			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Northshore Republican Women's Luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 Guide explains how to complete this form.

1 Total pages Schedule F: <i>Le of 9</i>	2 FILER NAME <i>Philip G. Cash</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/06/2014</i>	5 Payee name <i>April Sound Country Club</i>
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6 Amount (\$) <i>32 -</i>	7 Payee address; City; State; Zip Code <i>1000 April Sound Blvd, Montgomery, Texas 77356</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>ICARW Lunch</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/07/2014</i>	Payee name <i>Microsoft Store</i>
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Amount (\$) <i>75.76</i>	Payee address; City; State; Zip Code <i>one microsoft way, Redmond, Washington 98052</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (If travel outside of Texas, complete Schedule T) <i>computer software for Campaign</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/10/2014</i>	Payee name <i>Verizon Wireless</i>
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Amount (\$) <i>138.04</i>	Payee address; City; State; Zip Code <i>1140 North FM 3083 West, Suite 300, Conroe, Texas 77304</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bill-Campaign</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/15/2014</i>	Payee name <i>MO's A Place For Steak</i>
---------------------------	---------------------------------------------

Amount (\$) <i>2,695 -</i>	Payee address; City; State; Zip Code <i>1801 Post Oak Blvd, Houston, Texas 77056</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food and Beverage</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 9	2 FILER NAME Philip G. Cash	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 11/18/2014	5 Payee name Sudden Link
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6 Amount (\$) 48.72	7 Payee address; City; State; Zip Code P.O. Box 660365, Dallas, Texas 75266-0365
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Internet Bill Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/2014	Payee name Wells Fargo Bank
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Amount (\$) 14-	Payee address; City; State; Zip Code P.O. Box 6995, Portland, Oregon 97228-6995
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fees for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/03/2014	Payee name Bentwater Country Club
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Amount (\$) 32-	Payee address; City; State; Zip Code 800 Bentwater Drive, Montgomery, Texas 471356
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Northshore Republican Women Lunch <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/08/2014	Payee name Jack Valenzuela
--------------------	-------------------------------

Amount (\$) 200-	Payee address; City; State; Zip Code #1 Criminal Justice Drive, Conroe, Texas 77301
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation made by a candidate	Description (If travel outside of Texas, complete Schedule T) Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

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 Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 9	2 FILER NAME Philip G. Cash	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/16/2014	5 Payee name Sudden Link
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6 Amount (\$) 48.72	7 Payee address; City; State; Zip Code P.O. Box 660365, Dallas, Texas 75266-0365
------------------------	-------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead	(b) Description (If travel outside of Texas, complete Schedule T) Internet Bill for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/2014	Payee name Verizon Wireless
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Amount (\$) 138.04	Payee address; City; State; Zip Code 1140 North FM 3083 West, Suite 300, Conroe, Texas 77304
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Phone Bill for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/2014	Payee name Steve Scott
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Amount (\$) 500 -	Payee address; City; State; Zip Code 11010 Blue Bell Drive, Willis, Texas 77318
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting Services for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 12/31/2014	Payee name Wells Fargo Bank
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Amount (\$) 14 -	Payee address; City; State; Zip Code P.O. Box 6995, Portland, Oregon 97228-6995
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Account Fees for Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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POLITICAL EXPENDITURES

SCHEDULE F

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 Guide explains how to complete this form.

1 Total pages Schedule F: 9 of 9	2 FILER NAME Philip G. Cash	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/31/2014	5 Payee name Pay Pal
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6 Amount (\$) 167.76	7 Payee address; City; State; Zip Code 2211 North First Street, San Jose, California 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) account fee for campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Philip G. Cash

3 ACCOUNT# (Ethics Commission Filers)

4 Date

9/25/2014

5 Name of person from whom amount is received

Sam's Club

6 Address of person from whom amount is received; City; State; Zip Code

2000 Westview Blvd
Conroe, Texas 77304

8 Amount (\$)

151.33

7 Purpose for which amount is received

Discount Refund Campaign Computer

Date

9/30/2014

Name of person from whom amount is received

Verizon Wireless

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 540048
El Paso, Texas 88554-0048

Amount (\$)

100-

Purpose for which amount is received

Rebate-Campaign Phone

Date

9/30/2014

Name of person from whom amount is received

Verizon Wireless

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 540048
El Paso, Texas 88554-0048

Amount (\$)

100-

Purpose for which amount is received

Rebate-Campaign Phone

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received

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