

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) 00086313	2 Total pages filed: 145				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Molly C.	MI	OFFICE USE ONLY			
	NICKNAME	LAST Cook	SUFFIX		Date Received ELECTRONICALLY FILED 07/12/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 667238 Houston, TX 77266			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Leif	MI				
	NICKNAME	LAST Hatlen	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13527 N. Tracewood Bend Houston, TX 77077						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	493-3107					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	05	19	2024		06	30	2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 15 Harris			12 OFFICE SOUGHT (if known) State Senator District 15			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Cook, Molly C. (Ms.) **14** Filer ID (Ethics Commission Filers)
00086313

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	136,296.19
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	198,153.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	51,511.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Ms. Molly C. Cook

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Cook, Molly C. (Ms.)	19 Filer ID (Ethics Commission Filers) 00086313
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 134,551.33
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,744.86
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 198,153.07
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/105 Rpt: 4/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Laury	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77007-7268		
8 Principal occupation / Job title (See Instructions) Mediator		9 Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Sharon	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Tracyton, WA 98393-0076		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Central Kitsap School District
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agno, Julianne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006-6554		
Principal occupation / Job title (See Instructions) Network Manager		Employer (See Instructions) Md Anderson Cancer Center
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agno, Julianne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006-6554		
Principal occupation / Job title (See Instructions) Network Manager		Employer (See Instructions) Md Anderson Cancer Center
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsworth, Alan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77061-1505		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Houston Community College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/105 Rpt: 5/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Laura <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-6640	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Public Policy Manager		9 Employer (See Instructions) Ghp
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Karen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-3039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Margaret <hr/> Contributor address; City; State; Zip Code Northlake, IL 60164-2202	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Roberta <hr/> Contributor address; City; State; Zip Code Mt Prospect, IL 60056-4113	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Blanchard, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5038	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant / Professor		Employer (See Instructions) Brown University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/105 Rpt: 6/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ard, Tom	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Oak Park, IL 60302-1532		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnsparger, John	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77059-6448		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Harvey	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Houston, TX 77005-3008		
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arsaga, Cindy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Fayetteville, AR 72701-8027		
Principal occupation / Job title (See Instructions) Biz Owner		Employer (See Instructions) Self
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashitey, Sarah	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75212-5340		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/105 Rpt: 7/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlas, Nancy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$900.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayala, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4552	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Payroll Service Rep		Employer (See Instructions) Loyola University Chicago
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baer, Betty L <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3619	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baer, Betty L <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3619	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Jerry <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4422	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) Liberty Auto

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/105 Rpt: 8/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barahona, Gabriela <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-6709	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barish, Rachel <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-4057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ils And SIs Instructor		Employer (See Instructions) Las Trampas
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreto, Larisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-4188	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) Harris County
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrios, Roberto <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Hospital
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, George <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-6508	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Tei Planning + Design

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/105 Rpt: 9/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, George	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Houston, TX 77009-6508		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Tei Planning + Design
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, Janet P	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Little Rock, AR 72223-4297		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batt, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Bellevue, WA 98006-6529		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Karen K	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ponte Vedra Beach, FL 32082-1319		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Karen K	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Ponte Vedra Beach, FL 32082-1319		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/105 Rpt: 10/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Been, Candace	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Conroe, TX 77384-3983		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77035-3416		
Principal occupation / Job title (See Instructions) Retired From Non-Profit		Employer (See Instructions) Family Literacy Network
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77035-3416		
Principal occupation / Job title (See Instructions) Retired From Non-Profit		Employer (See Instructions) Family Literacy Network
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Houston, TX 77035-3416		
Principal occupation / Job title (See Instructions) Retired From Non-Profit		Employer (See Instructions) Family Literacy Network
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Jason	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kyle, TX 78640-3828		
Principal occupation / Job title (See Instructions) Claims adjuster		Employer (See Instructions) Progressive ins

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/105 Rpt: 11/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bionat, Christian <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573-3472	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Greater Houston Partnership
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne <hr/> Contributor address; City; State; Zip Code Sioux Falls, SD 57104-7048	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Self
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne <hr/> Contributor address; City; State; Zip Code Sioux Falls, SD 57104-7048	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Self
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne <hr/> Contributor address; City; State; Zip Code Sioux Falls, SD 57104-7048	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-1488	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/105 Rpt: 12/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-1488	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) Houston Fire Department
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Sarah <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3929	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Form Energy
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bright, Larry <hr/> Contributor address; City; State; Zip Code Ypsilanti, MI 48197-8985	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Allison <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) consulting		Employer (See Instructions) Brooks Stacy LLC
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-1320	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Vha

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/105 Rpt: 13/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunetti, Maureen <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-2320	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Educator		9 Employer (See Instructions) Houston Methodist Hospital
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Lee <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2020	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Lee <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Lee <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bube, Melissa <hr/> Contributor address; City; State; Zip Code High Point, NC 27265-9222	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Inmar Intelligence

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/105 Rpt: 14/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Michelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77003-3230	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Registrar		9 Employer (See Instructions) MFAH - Glassell School of Art
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunker, David <hr/> Contributor address; City; State; Zip Code Worcester, MA 01605-1056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Terri <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-2241	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The Immunization Partnership
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkman, Marilyn <hr/> Contributor address; City; State; Zip Code Durham, NC 27712-8917	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOK, MARK D <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-4648	Amount of Contribution (\$) \$87.93
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/105 Rpt: 15/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOK, MARK D <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-4648	7 Amount of Contribution (\$) \$15,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvert, Rogene <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-5719	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Philanthropic Consultant		Employer (See Instructions) Self
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, Veronica <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-3501	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caramagno, Lisa <hr/> Contributor address; City; State; Zip Code Novi, MI 48374-3686	Amount of Contribution (\$) \$67.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carls, Beth <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642-2482	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Oneseventeen Media

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/105 Rpt: 16/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Gabe <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77011-2822	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nonprofit Management		9 Employer (See Instructions) Link Houston
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatterjee, Sumitra <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55401-2693	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Food Company
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chou, Benjamin <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-1936	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Program Officer		Employer (See Instructions) Packard Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Erlann <hr/> Contributor address; City; State; Zip Code Victor, NY 14564-9503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Linda <hr/> Contributor address; City; State; Zip Code Torrance, CA 90505	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/105 Rpt: 17/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claypool, James <hr/> 6 Contributor address; City; State; Zip Code Spicewood, TX 78669-6435	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofield, Brandon <hr/> Contributor address; City; State; Zip Code Houston, TX 77020-6122	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Bobbie & Roy <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2303	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbin, Troy <hr/> Contributor address; City; State; Zip Code Happy Valley, OR 97086-4329	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) H&S Consultant		Employer (See Instructions) Nw Eh&Sa

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/105 Rpt: 18/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Gretna, LA 70056-4016	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> Contributor address; City; State; Zip Code Gretna, LA 70056-4016	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> Contributor address; City; State; Zip Code Gretna, LA 70056-4016	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross Oak Group <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1819	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3830	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/105 Rpt: 19/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuddy, Ron <hr/> 6 Contributor address; City; State; Zip Code Thornton, CO 80602-4677	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Umoja
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Pj <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30339-7603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Ana Guerrero <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cylkowski, Andrew <hr/> Contributor address; City; State; Zip Code Eureka Springs, AR 72632-0186	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dace, Letitia <hr/> Contributor address; City; State; Zip Code Manhattan, KS 66502-3538	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/105 Rpt: 20/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damri, Mehroo <hr/> 6 Contributor address; City; State; Zip Code Eules, TX 76040-4684	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dante Jr, Joseph J <hr/> Contributor address; City; State; Zip Code Lancaster, CA 93534	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dao, Kathryn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-2739	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Aurinia
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) Stafflink Inc
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) Stafflink Inc

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/105 Rpt: 21/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daum, Jeremy	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Houston, TX 77042-5920		
8 Principal occupation / Job title (See Instructions) Graduate Student		9 Employer (See Instructions) Rice University
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Robert	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Houston, TX 77027-4004		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Vynckier
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Robert	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Houston, TX 77027-4004		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Vynckier
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Robert	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77027-4004		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Vynckier
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Robert	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77027-4004		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Vynckier

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/105 Rpt: 22/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, James <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77373-8185	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis Jr, Donald G <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6008	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derosa, Kimberly <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-2279	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Nisha <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-4006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Intention

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/105 Rpt: 23/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dharma, Chrisette	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Dallas, TX 75209-2837		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Chrisette Dharma
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dharmagunaratne, Tissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75219-4817		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Di Gann, Jan L	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77019-6809		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinwiddie, Sandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77062-4424		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Docktor, Desiree	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Palo Alto, CA 94303-4143		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Compass

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/105 Rpt: 24/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doherty, Kyle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-7404	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Baker Botts Llp
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dougherty, Jim & Judy <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-2077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Dougherty & Dougherty
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Vic <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1451	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Carol <hr/> Contributor address; City; State; Zip Code Red Wing, MN 55066-2414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Eduardo <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3617	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) Space City Credit Union

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/105 Rpt: 25/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmanuel Guerrero Campaign 6 Contributor address; City; State; Zip Code Pasadena, TX 77506-5133	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Mary Contributor address; City; State; Zip Code Langley, WA 98260-8623	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin Contributor address; City; State; Zip Code Houston, TX 77008-6964	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin Contributor address; City; State; Zip Code Houston, TX 77008-6964	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evbagharu, Odus Contributor address; City; State; Zip Code Katy, TX 77449-7593	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) Harris County Democratic Party

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/105 Rpt: 26/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fahey, Dennis	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Denver, CO 80238-2347		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falender, Allie	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Houston, TX 77005-4324		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Shell
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77006-3241		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feifer, Barbara	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Boulder, CO 80301-1757		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigelson, Gene	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77265-6717		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/105 Rpt: 27/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger, Troy	7 Amount of Contribution (\$) \$62.00
6 Contributor address; City; State; Zip Code Houston, TX 77096-3910		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Village Medical
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Ed	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77006-3838		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Uthealth Houston
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forney, Jan Lynette	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77006-4403		
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) Swift Energy
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forney, Jan Lynette	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77006-4403		
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) Swift Energy
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Barr	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Afex International Inc		Employer (See Instructions) Director

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/105 Rpt: 28/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Olive	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Ukiah, CA 95482-6849		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franks, Gene	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Denton, TX 76209-1078		
Principal occupation / Job title (See Instructions) Water Treatment Retired		Employer (See Instructions) Pure Water Products
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Ellen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Francisco, CA 94117-3816		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Mary Anne Anne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77096-6109		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77005-1704		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Nih

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/105 Rpt: 29/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-1704	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Nih
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gafner, David <hr/> Contributor address; City; State; Zip Code West Palm Beach, FL 33417-8217	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Diana <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-4057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Commercial Real Estate Broker		Employer (See Instructions) self employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-6432	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Natalie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2815	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Deputy Organizing Director		Employer (See Instructions) NextGen America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/105 Rpt: 30/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Karen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77005-2622		
8 Principal occupation / Job title (See Instructions) Financial consultant		9 Employer (See Instructions) Ralph S. O'Connor & Associates
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geppert, Sharon	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Leawood, KS 66224-9793		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhard, Earl William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77042-2633		
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Kelly Services
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstenhaber, Suzi	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77056-4116		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Waldman Smallwood
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghazarian, Seta	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Victorville, CA 92395-9710		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hesperia Unified

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/105 Rpt: 31/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Richard	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Houston, TX 77098-1607		
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Baylor College Of Medicine
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Cynthia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Williamsburg, VA 23185-2476		
Principal occupation / Job title (See Instructions) social work		Employer (See Instructions) Community Care
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliam, Lance	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77019-6209		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Wsg-Re Llc
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillis, Gretchen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77006-6133		
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Aramco Services Company
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey, Justin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78721-2544		
Principal occupation / Job title (See Instructions) Vice President/Treasurer		Employer (See Instructions) Barilla Management Inc

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/105 Rpt: 32/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godmilow, Jill <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10036-2389	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldblatt, Steven <hr/> Contributor address; City; State; Zip Code Higganum, CT 06441-4316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hartford Health care
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10025-5825	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10025-5825	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Placido <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5728	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Grants Manager		Employer (See Instructions) Tmp

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/105 Rpt: 33/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomoll, Terry	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Apopka, FL 32703-6244		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Mark	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Humble, TX 77396-2465		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Reynolds & Reynolds
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Donna	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Montpelier, VT 05602-2153		
Principal occupation / Job title (See Instructions) Manuscript Editor		Employer (See Instructions) Jnspg
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace & McEwan Consulting LLC Political Fund	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701-1629		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Ann	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Houston, TX 77007-5153		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Chevron

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/105 Rpt: 34/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-1482	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-1482	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Christine <hr/> Contributor address; City; State; Zip Code Lummi Island, WA 98262-8681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Kerry <hr/> Contributor address; City; State; Zip Code Houston, TX 77003-1610	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) LAN Inc.
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutfeld, Karen <hr/> Contributor address; City; State; Zip Code Glendale, CA 91204-1131	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/105 Rpt: 35/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hafizi, Niloufar <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450-8792	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nonprofit		9 Employer (See Instructions) Emgage
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-6701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halvorson, Jennifer <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77506-4107	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) OMG Inc
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halvorson, Jennifer <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77506-4107	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) OMG Inc
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Dennis <hr/> Contributor address; City; State; Zip Code Denver, CO 80203-4646	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/105 Rpt: 36/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723-4900	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-4900	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanlon, Kevin <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98685	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Kevin <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-1714	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) Swp
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Eva <hr/> Contributor address; City; State; Zip Code Kittery, ME 03904-1139	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/105 Rpt: 37/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Jeff	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77002-8897		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Andrew	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Snohomish, WA 98296-5246		
Principal occupation / Job title (See Instructions) Teacher!!		Employer (See Instructions) Everett Public Schools
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Marilyn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Boerne, TX 78015-8300		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Quin R	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77008-4144		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartsough, Amy	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Hoffman Estates, IL 60169-2638		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/105 Rpt: 38/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Tomales, CA 94971		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tomales, CA 94971		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Tomales, CA 94971		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausenfluck, Amber L	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78704-1060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heeb, William	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Cincinnati, OH 45215-1160		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/105 Rpt: 39/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Amy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-4108	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Communications Mgr		9 Employer (See Instructions) CHRISTUS Foundation for HealthCare
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzele, Charlotte <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-4721	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions) Ut-Austin
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heston, Will <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643-3989	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) McLennan County Democratic Party
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillegas, Bob <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-3815	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillegas, Bob <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-3815	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/105 Rpt: 40/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himmel, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Coral Gables, FL 33134-6163	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirschmann, Sue <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-7409	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Alief I.S.D.
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Joseph <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041-2946	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, Millicent Nikita <hr/> Contributor address; City; State; Zip Code Houston, TX 77022-4709	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honeychurch, Carol <hr/> Contributor address; City; State; Zip Code East Windsor, CT 06088-7902	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/105 Rpt: 41/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15224-2239	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hospitality Health ER Political Action Committee <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Fire Fighters Political Action Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-8334	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-3480	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/105 Rpt: 42/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howze, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-7130	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyt, Cliff <hr/> Contributor address; City; State; Zip Code Martinsburg, WV 25403-1429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hriljac, Donna <hr/> Contributor address; City; State; Zip Code Bull Valley, IL 60098-8102	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huebel, Martha Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-2424	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Skillsoft Corp
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huebel, Martha Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-2424	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Skillsoft Corp

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/105 Rpt: 43/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, Carlos <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930-1718	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) El Paso Community College
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, William Roland <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-2640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Material Handling And Controls
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, William Roland <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-2640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Material Handling And Controls
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, Wm <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-2640	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Specialist		Employer (See Instructions) Mhc-Cmi
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, Wm <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-2640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Product Specialist		Employer (See Instructions) Mhc-Cmi

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/105 Rpt: 44/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huse, Kelsey 6 Contributor address; City; State; Zip Code Austin, TX 78705-1184	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Realtor.Com
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huse, Kelsey Contributor address; City; State; Zip Code Austin, TX 78705-1184	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Realtor.Com
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ineson, Lisa Contributor address; City; State; Zip Code Houston, TX 77006-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingebretson, Emily Contributor address; City; State; Zip Code San Diego, CA 92117-1923	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Hospital
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iyegbu, Ugo Contributor address; City; State; Zip Code Houston, TX 77089-7025	Amount of Contribution (\$) \$9.87
Principal occupation / Job title (See Instructions) Certified Medication Aide		Employer (See Instructions) Shiftkey Llc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/105 Rpt: 45/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker LLP PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201-2725	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacques, Maureen <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23456-3546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacques, Maureen <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23456-3546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnot, Jeannie <hr/> Contributor address; City; State; Zip Code Novato, CA 94947-3751	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaworski, Joseph <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-5134	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Joseph S. Jaworski P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/105 Rpt: 46/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jett, Joan <hr/> 6 Contributor address; City; State; Zip Code White Plains, NY 10601-1828	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) musician		9 Employer (See Instructions) self
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeady, Wil <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2691	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Claire <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-3819	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Nonprofit Executive Director		Employer (See Instructions) Doyenne Initiative
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ian <hr/> Contributor address; City; State; Zip Code Houston, TX 77040-6840	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Foxconn
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Isiah <hr/> Contributor address; City; State; Zip Code Hampton, VA 23666-6174	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Sailor		Employer (See Instructions) U.S. Navy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/105 Rpt: 47/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Journey, Pat <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-4117	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-0101	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kantor, Laurence <hr/> Contributor address; City; State; Zip Code Tarzana, CA 91356-1446	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Cpa		Employer (See Instructions) Kac Partners
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Barbara <hr/> Contributor address; City; State; Zip Code New York, NY 10025-5206	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-1306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/105 Rpt: 48/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Jay	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77024-5404		
8 Principal occupation / Job title (See Instructions) real estate		9 Employer (See Instructions) self
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaz, Nancy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Fe, NM 87506-8502		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) None
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Raymond	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Fort Worth, TX 76111-4334		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Leanne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tacoma, WA 98422-1848		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Patricia	Amount of Contribution (\$) \$7.50
Contributor address; City; State; Zip Code Brookfield, VT 05036-9465		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/105 Rpt: 49/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kickapoo Traditional Tribe of Texas <hr/> 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Daniel <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-6630	Amount of Contribution (\$) \$17.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsley, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-3100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Houston Methodist Hospital
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsley, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-3100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Houston Methodist Hospital
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkwood, Claudia <hr/> Contributor address; City; State; Zip Code Macon, GA 31211-1954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/105 Rpt: 50/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klass, Katherine <hr/> 6 Contributor address; City; State; Zip Code New Franken, WI 54229-9422	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klopp, Tonya <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5040	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohlmeyer, Katherine <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kopacz, Janish <hr/> Contributor address; City; State; Zip Code Bayside, CA 95524-9023	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kornweibel, Samia <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033-5950	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Samia Kornweibel

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/105 Rpt: 51/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-1000	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bcm
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LGBTQ+ Victory Fund Federal PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20005-6005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laday, Sharon <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5459	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Servicenow
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Ann-Marie <hr/> Contributor address; City; State; Zip Code Sheboygan, WI 53081-2901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) It Consultant		Employer (See Instructions) Wtc Consulting Inc.
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Beth <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85712-6656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/105 Rpt: 52/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77096-1236		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Ariel Equities
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laperriere, Danielle	Amount of Contribution (\$) \$62.00
Contributor address; City; State; Zip Code Houston, TX 77023-1179		
Principal occupation / Job title (See Instructions) Sustainability Operations		Employer (See Instructions) Texas A&M University
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Jacob	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Knoxville, TN 37919-8749		
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) Ut
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauderdale, Jarrett	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Houston, TX 77007-3358		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Mc2
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauderdale, Jarrett	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77007-3358		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Mc2

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/105 Rpt: 53/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of A. Craig Eiland PC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-1854	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Kevin C. Stewart <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-3066	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David <hr/> Contributor address; City; State; Zip Code Chester, NJ 07930-2637	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Ups
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Stewart <hr/> Contributor address; City; State; Zip Code Lafayette, CO 80026-8045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-7331	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/105 Rpt: 54/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Houston, TX 77079-7331		
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemley, Audrey	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code White Salmon, WA 98672-0685		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Saturno
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Katy, TX 77449-7504		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Shae	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Malone, NY 12953-1515		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Cook, Nathan	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Magnolia, TX 77354-2663		
Principal occupation / Job title (See Instructions) Director Of Government Relations		Employer (See Instructions) Rice University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/105 Rpt: 55/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Latasha <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98126-2598	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) University Of Washington
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Felicia <hr/> Contributor address; City; State; Zip Code Houston, TX 77091-2845	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lighthall, Wayne <hr/> Contributor address; City; State; Zip Code Hazelhurst, WI 54531-9702	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) E C
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindewall, Dianne <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2685	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobur, Connie <hr/> Contributor address; City; State; Zip Code Peekskill, NY 10566-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/105 Rpt: 56/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Debra <hr/> 6 Contributor address; City; State; Zip Code Brentwood, TN 37027-5728	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord Llp, Robert Miller <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2708	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Locke Lord Llp
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Sara <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-2106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Houston Methodist
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lomax, Nancy Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3535	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lomax, Nancy Robinson <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3535	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/105 Rpt: 57/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looper, Amy	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Liberty Hill, TX 78642-2482		
8 Principal occupation / Job title (See Instructions) Coo		9 Employer (See Instructions) Oneseventeen Media
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77080-5319		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Lee
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lousteau, Beth	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77009-5619		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) Beth Lousteau
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Mauri	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77007-3403		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Steven	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Albany, CA 94706-2530		
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Bon Appetit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/105 Rpt: 58/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke, Ana	7 Amount of Contribution (\$) \$7.50
6 Contributor address; City; State; Zip Code Humble, TX 77346-1621		
8 Principal occupation / Job title (See Instructions) Controller		9 Employer (See Instructions) Jerold B. Katz Interests Company
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Kathleen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10023-2097		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malette, Larry	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77030-1206		
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malloy, Elaine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77024-3232		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malo, Christopher	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Larkspur, CA 94939-1420		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/105 Rpt: 59/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malo, Christopher <hr/> 6 Contributor address; City; State; Zip Code Larkspur, CA 94939-1420	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie, Nicole <hr/> Contributor address; City; State; Zip Code Newington, CT 06111-3203	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager Vascular Surgery		Employer (See Instructions) Hartford Healthcare
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie, Nicole <hr/> Contributor address; City; State; Zip Code Newington, CT 06111-3203	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager Vascular Surgery		Employer (See Instructions) Hartford Healthcare
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, Sandra <hr/> Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-4167	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Cynthia <hr/> Contributor address; City; State; Zip Code Houston, TX 77092-5229	Amount of Contribution (\$) \$17.50
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Pearson

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/105 Rpt: 60/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patric <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-7213	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Cathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-8324	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Calpine
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathrani, Janet <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32966-6522	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Cecilia <hr/> Contributor address; City; State; Zip Code Exeter, CA 93221-1058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matujec, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77092-5118	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/105 Rpt: 61/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Karen	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Falls Church, VA 22044-3203		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, George C	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Colorado Springs, CO 80918-4107		
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Boeing Space Exploration
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mboup, Khady	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Houston, TX 77082-2850		
Principal occupation / Job title (See Instructions) Field director		Employer (See Instructions) Clubs in action pac
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuffee, Elizabeth	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77253-3021		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire Woods Federal PAC Fund	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Richmond, VA 23219-3956		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/105 Rpt: 62/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiel, Kathryn C. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-6110	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccauley, Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77092-7902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccreery, Jan <hr/> Contributor address; City; State; Zip Code Tujunga, CA 91042-1275	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcdargh Elvins, Eileen <hr/> Contributor address; City; State; Zip Code Dana Point, CA 92629-4488	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcdermott, Jerrine <hr/> Contributor address; City; State; Zip Code Wayne, PA 19087-5126	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/105 Rpt: 63/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcsberry, Noelle	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77007-3716		
8 Principal occupation / Job title (See Instructions) Technical Trainer		9 Employer (See Instructions) Rocrich
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medellin, Anastacio	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77063-4451		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meecham, Amanda	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Novato, CA 94949-6150		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisenheimer, Lester	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Issaquah, WA 98027-4536		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meissner, Robert	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Pottstown, PA 19465-8142		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanson, Christianne	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Bellaire, TX 77401-2503		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Retired
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melugin, Joseph	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77009-7323		
Principal occupation / Job title (See Instructions) Trial Lawyer		Employer (See Instructions) Melugin Law Firm PLLC
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melza, Barr	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mett, Richard	Amount of Contribution (\$) \$7.50
Contributor address; City; State; Zip Code Cedarburg, WI 53012-8819		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Medical College Of Wisconsin
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Naomi	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Waltham, MA 02453-5128		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Greater Boston Legal Services

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Keith <hr/> 6 Contributor address; City; State; Zip Code La Crescenta, CA 91214-1311	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Keith <hr/> Contributor address; City; State; Zip Code La Crescenta, CA 91214-1311	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minchberg, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77046-0107	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Finance Investor		Employer (See Instructions) Flagship Capital Partners
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minchak, Martha <hr/> Contributor address; City; State; Zip Code Proctor, MN 55810-2126	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Evan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-4240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) Arnold Ventures

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/105 Rpt: 66/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitnick, Stuart <hr/> 6 Contributor address; City; State; Zip Code Highland Park, NJ 08904-2711	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) National Indl Supply
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mizia, Rosemarie <hr/> Contributor address; City; State; Zip Code Phoenixville, PA 19460-1074	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-5002	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Alice <hr/> Contributor address; City; State; Zip Code Washington, DC 20011-2809	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Sally Montague
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Amber <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-5212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Transperfect

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moritz, Michael	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Houston, TX 77011-1517		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) ConnectGen
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Carl	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Mckinney, TX 75072-3616		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Carl Morris
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Robert	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Southlake, TX 76092-7000		
Principal occupation / Job title (See Instructions) Healthcare Administrator		Employer (See Instructions) Complete Care
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Talya	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77005-3038		
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) Harris County Precinct 4
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdock, Doris L	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77008-3831		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Bridgette	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77029-3411		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tracey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Irving, TX 75039-3066		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Tracey Myers
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy Inc Political Action Committee	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Princeton, NJ 08540-6023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakamoto, Doreen	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Menifee, CA 92586-3746		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narcisse, Jude	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Pearland, TX 77584-2529		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasser, Faiz (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$3,350.00
8 Principal occupation / Job title (See Instructions) Anesthesiologist		9 Employer (See Instructions) Houston Methodist Hospital
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natarajan, Rufi H <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-8243	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Events Director		Employer (See Instructions) Harris County Precinct 4
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazario, Bari <hr/> Contributor address; City; State; Zip Code Felton, CA 95018-8932	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Facs manager		Employer (See Instructions) UC
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5325	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas Southern University
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5325	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas Southern University

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/105 Rpt: 70/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-5325	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Texas Southern University
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Bruce <hr/> Contributor address; City; State; Zip Code Palmetto, FL 34221-1258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Katherine <hr/> Contributor address; City; State; Zip Code Rock Hill, SC 29732-8262	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nesom, Patricia Gayle <hr/> Contributor address; City; State; Zip Code Houston, TX 77074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Penny <hr/> Contributor address; City; State; Zip Code LaPorte, TX 77571	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsham, Lawrence	7 Amount of Contribution (\$) \$2.25
6 Contributor address; City; State; Zip Code Millis, MA 02054-1429		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila	Amount of Contribution (\$) \$1.69
Contributor address; City; State; Zip Code De Peyster, NY 13633-3405		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicks, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Magnolia, TX 77355-1907		
Principal occupation / Job title (See Instructions) Surety Bond Associate		Employer (See Instructions) Swiftbonds Llc
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrien, Thomas	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78737-1720		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivares, Juventino	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Lavon, TX 75166-1735		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne Valdez, Katherine	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77008-6833		
8 Principal occupation / Job title (See Instructions) Nonprofit		9 Employer (See Instructions) Powell Foundation
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78723-5445		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pagni, Jean	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Reno, NV 89503-2850		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pagni, Jean	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Reno, NV 89503-2850		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patlan, Stephen	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Houston, TX 77027-6512		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Sgt Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/105 Rpt: 73/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, William	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77044-1494		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Pamela	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78702-1805		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77025-2423		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peeler, John	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Houston, TX 77061-1106		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Coveler & Peeler Pc
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pellett, Clark	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Chicago, IL 60611-4546		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/105 Rpt: 74/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Alejandro <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741-7640	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Government Relations		9 Employer (See Instructions) Texas Aft
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-1018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - Panic
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-1018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - Panic
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeiffer-Traum, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-4312	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Isaac <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-1348	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Grid United Llc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/105 Rpt: 75/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78744-4510		
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Choice Magazine Listening
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Paige	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Houston, TX 77019-2600		
Principal occupation / Job title (See Instructions) Policy Manager		Employer (See Instructions) Commission Shift
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Power, Leigh	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Seattle, WA 98133-8001		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rachel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77007-1718		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pureka, Michael	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Cambridge, MA 02139-1810		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Nanthealth Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/105 Rpt: 76/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purser, Thomas Ray <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-3439	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qaddumi, Anan <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2501	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Lamar Builders
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qaddumi, Anan <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2501	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Lamar Builders
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qaddumi, Anan <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2501	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Lamar Builders
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quasnitschka, Ben <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3495	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rn		Employer (See Instructions) Not Saying

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/105 Rpt: 77/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quist, Kevin	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77006-1443		
8 Principal occupation / Job title (See Instructions) Real Estate Development		9 Employer (See Instructions) New Hope Housing
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raley, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77024-6725		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) John Raley & Associates PLLC
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Rob	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-2571		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Rob	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-2571		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reasoner, Harry M	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77019-3316		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/105 Rpt: 78/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reasons, Jo	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Port Orchard, WA 98367-4544		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redeker, Janet	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77025-1503		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisch, Kelsey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75215-1823		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Southwest Family Medicine
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Anita F.	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Houston, TX 77055-6728		
Principal occupation / Job title (See Instructions) Chief Growth Officer		Employer (See Instructions) Barrios Technology
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resendez, Joel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78741-3097		
Principal occupation / Job title (See Instructions) Government Relations Director		Employer (See Instructions) Rice University

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/105 Rpt: 79/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Conchita	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77003-1073		
8 Principal occupation / Job title (See Instructions) Fractional CFO		9 Employer (See Instructions) CR Financials Group
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Elishoel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Eagle Pass, TX 78852-3656		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) STAT Specialty Hospital
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Rebecca	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77024-2610		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Ladd	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77062-4731		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Ladd	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77062-4731		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/105 Rpt: 80/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, George <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-6035	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-5014	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Speech Pathologist		Employer (See Instructions) Memorial Hermann
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Scott <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-2990	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rilling, Karon <hr/> Contributor address; City; State; Zip Code Austin, TX 78736-3109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Adjunct Faculty		Employer (See Instructions) Austin Community College
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Eleanor <hr/> Contributor address; City; State; Zip Code Oak Park, IL 60304-2208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Illinois Chicago

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/105 Rpt: 81/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivlin, Sarah <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77017-3608	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Hisd
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-4254	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Nurse Educator		Employer (See Instructions) Houston Methodist
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochen, Shari Dawn <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Veteran?s Health Administration
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jennifer S <hr/> Contributor address; City; State; Zip Code Austin, TX 78767-1316	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose-Moehnke, Marcy <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-8598	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Bain & Co.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/105 Rpt: 82/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459-7351	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy <hr/> Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459-7351	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynders, Dustin <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3958	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Civil Rights Project
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safier, Ellen J <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5016	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safier, Ellen J <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5016	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/105 Rpt: 83/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safier, Ellen J	7 Amount of Contribution (\$) \$62.00
6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5016		
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Self
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safier, Ellen J	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bellaire, TX 77401-5016		
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakellarides, Adam	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Pasadena, CA 91106-2913		
Principal occupation / Job title (See Instructions) Motion Graphics Designer		Employer (See Instructions) Self
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakellarides, Adam	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Pasadena, CA 91106-2913		
Principal occupation / Job title (See Instructions) Motion Graphics Designer		Employer (See Instructions) Self
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Hector	Amount of Contribution (\$) \$17.50
Contributor address; City; State; Zip Code Houston, TX 77092-5047		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/105 Rpt: 84/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samandari, Sudy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-1825	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) On Sunset Boulevard Inc
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Vincent <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-1519	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Planner		Employer (See Instructions) Houston METRO
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Mary E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-4438	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Roberta <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3662	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schweitzer, Carrie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-4818	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/105 Rpt: 85/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Robert <hr/> 6 Contributor address; City; State; Zip Code Cloverdale, CA 95425-3679	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Saurabh <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-3708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, John <hr/> Contributor address; City; State; Zip Code Seattle, WA 98117-6239	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Kathleen <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3635	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Anthony <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55116-2138	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/105 Rpt: 86/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepard, Eulundia Kay <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-4732	7 Amount of Contribution (\$) \$102.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Rebecca Anderson <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3335	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipley, George <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2206	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Shipley & Associates<Inc
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Finastra
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Rodney <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1643	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Pentair

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/105 Rpt: 87/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Beth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-2146	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Rice University
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Beth <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-2146	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Rice University
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Kit Frieden <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-2033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Kit Frieden <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-2033	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siemers-Kennedy, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-4318	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Mott Macdonald

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/105 Rpt: 88/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siemers-Kennedy, Laura <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-4318	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Mott Macdonald
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sigala, Hector <hr/> Contributor address; City; State; Zip Code Washington, DC 20012-1026	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Middle Seat
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Charles <hr/> Contributor address; City; State; Zip Code Madison, WI 53704-1012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Bo & Josie <hr/> Contributor address; City; State; Zip Code Houston, TX 77277-3199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Bo & Josie <hr/> Contributor address; City; State; Zip Code Houston, TX 77277-3199	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/105 Rpt: 89/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-1633	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) union organizer		9 Employer (See Instructions) Houston Organization of Public Employees
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Josanna <hr/> Contributor address; City; State; Zip Code Houston, TX 77277-3199	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Www United Inc.
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, William J <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3914	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solitario, Margaret <hr/> Contributor address; City; State; Zip Code Lansdale, PA 19446-6544	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Semi-Retired		Employer (See Instructions) Independent Contractor For Varsity Tutors
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorelle, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-2428	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/105 Rpt: 90/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-3049	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Sorola Consulting Services Inc.
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3049	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Sorola Consulting Services Inc.
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkes, Lisa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-4029	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer Retired		Employer (See Instructions) Retired
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stake, Steven <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014-1267	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Reimbursement Analyst		Employer (See Instructions) MDS Inc

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/105 Rpt: 91/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-1454	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		9 Employer (See Instructions) Rice University
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1454	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Hilton, Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-1620	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucko, Craig <hr/> Contributor address; City; State; Zip Code Commack, NY 11725-1619	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Royal Products
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucko, Craig <hr/> Contributor address; City; State; Zip Code Commack, NY 11725-1619	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Royal Products

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/105 Rpt: 92/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Brent <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-4228	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Business Management		9 Employer (See Instructions) Vmware
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sung, Anne <hr/> Contributor address; City; State; Zip Code Houston, TX 77063-6109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sung, Anne <hr/> Contributor address; City; State; Zip Code Houston, TX 77063-6109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swann, Chris <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92264-1303	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweigart, Albert <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-0732	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self-Employed

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SCHEDULE A1

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swilley, Vivian <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75044-4404	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sysco Corp. Good Government Committee Inc <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-2025	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSAPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1624	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jan <hr/> Contributor address; City; State; Zip Code Cross Lanes, WV 25313-1221	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director Science & Research		Employer (See Instructions) Wv Higher Education Policy Commission
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Iii, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Academy of Family Physicians PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727-6207	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1624	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-6713	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1814	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TexasNurse PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8444	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/105 Rpt: 95/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Diane	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Hillsborough, CA 94010-6152		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Diane	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Hillsborough, CA 94010-6152		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Tomas Manuel	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Houston, TX 77027-6204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toumajian, Gina	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77005-4018		
Principal occupation / Job title (See Instructions) Grants Manager		Employer (See Instructions) Hope Clinic
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toumajian, Lulu	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77005-4018		
Principal occupation / Job title (See Instructions) Grants Manager		Employer (See Instructions) HOPE Clinic

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Taylor <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-5250	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Supply Chain Manager		9 Employer (See Instructions) Amazon
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis, Scott <hr/> Contributor address; City; State; Zip Code N Little Rock, AR 72116-8110	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Dillards
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tressel, Patricia <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-7836	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino Jr, Agustin <hr/> Contributor address; City; State; Zip Code Houston, TX 77093-8722	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) AVP Transaction Manager		Employer (See Instructions) Citibank
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77091-3324	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Grid United

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573-4211	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) University of St. Thomas
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Eliot P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-1511	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Eliot P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-1511	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TxANA PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2444	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UA Plumbers & Pipefitters Local 286 PAC Fund <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-4106	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor Bly	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Lenoir, NC 28645-8293		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upham, Joshua	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77008-2050		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) The Lanier Law Firm
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urgenc, Sefa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11231-3014		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Gloria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sun Prairie, WI 53590-9235		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) State of WI
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Angelo	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bronx, NY 10461-1620		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogt, Barbara <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20016-3759	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Von Briesen, Hans <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87501-1536	Amount of Contribution (\$) \$1.38
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W Walker, Cliff <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1186	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Political Operative		Employer (See Instructions) Seeker Strategies
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Audrey <hr/> Contributor address; City; State; Zip Code Billings, MT 59101-3732	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Geoffrey <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Mary <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035-2310	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Tama <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-4656	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Tammi <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-2712	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) EnFocus Strategies
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walling, Vicki <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95409-3432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wardlaw, Andrea <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-4101	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Shipping Coordinator		Employer (See Instructions) Hh Oil Tools Inc.

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2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wareing, Bess	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77027-4117		
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Frederic	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code Houston, TX 77019-6436		
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Benjamin & Joy	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77024-7751		
Principal occupation / Job title (See Instructions) CEO-Finance/Homemaker		Employer (See Instructions) ITC Trading Company Ltd
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Paulette	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10029-3042		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Paulette	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code New York, NY 10029-3042		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/105 Rpt: 102/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherford, Hedwiga C <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-1222	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Kevin <hr/> Contributor address; City; State; Zip Code Franklin Lakes, NJ 07417-1135	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webber, Johelen. <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2030	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wehrli, Christine <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-7709	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Chapter Services Manager		Employer (See Instructions) Conscious Capitalism Inc
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welborn, Tes <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-1802	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/105 Rpt: 103/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weltge, Arlo <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4826	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-5225	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-5225	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Jessica <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-3533	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) Harris County
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043-3431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/105 Rpt: 104/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043-3431	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Wendy <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brad <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-3907	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) General Reinsurance Corporation
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Andrew <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1647	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pra Analyst		Employer (See Instructions) Ares Technical Services
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Andrew <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1647	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pra Analyst		Employer (See Instructions) Ares Technical Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/105 Rpt: 105/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Camilla <hr/> 6 Contributor address; City; State; Zip Code Moorhead, MN 56561-1064	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code Valdez, AK 99686-1503	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code Valdez, AK 99686-1503	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Kellen <hr/> Contributor address; City; State; Zip Code Belleville, IL 62221-6803	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-8000	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/105 Rpt: 106/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Jim <hr/> 6 Contributor address; City; State; Zip Code Jenks, OK 74037-3232	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sr Tech Writer		9 Employer (See Instructions) Cloverleaf
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Working Families Party National PAC <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1431	Amount of Contribution (\$) \$2,200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Colby <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-6216	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Y, Bert <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-3528	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Legal		Employer (See Instructions) Archer
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Alan <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720-5325	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Caterer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/105 Rpt: 107/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kyle	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77057-2913		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Theatre Under The Stars
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) atkinson, alan	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77020-8418		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) alan atkinson
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) fussell, carrie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78702-4847		
Principal occupation / Job title (See Instructions) musician/food service		Employer (See Instructions) free lunch
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lemaitre, rafael	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Alexandria, VA 22301-1035		
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) FEMA
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) powers, sylvia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Grapevine, TX 76051-6640		
Principal occupation / Job title (See Instructions) Digital Rep		Employer (See Instructions) FedEx

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/105 Rpt: 108/145
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) skelly, michael <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77003-2411	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) energy exec		9 Employer (See Instructions) grid united
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) yeager, james mccarty <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-2802	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 109/145	
2 FILER NAME Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LGBTQ+ Victory Fund Federal PAC	8 Amount of contribution (\$) \$357.50	9 In-kind contribution description Postcards
	7 Contributor address; City; State; Zip Code Washington, DC 20005-6005	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The First Ask	Amount of contribution (\$) \$723.61	In-kind contribution description Staff time
	Contributor address; City; State; Zip Code Washington, DC 20003-4303	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Gene	Amount of contribution (\$) \$663.75	In-kind contribution description Food drinks and bar service for campaign event
	Contributor address; City; State; Zip Code Houston, TX 77274	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) State Representative		Employer (FOR NON-JUDICIAL) (See instructions) State of Texas	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/36 Rpt:	2	FILER NAME Cook, Molly C. (Ms.)	3	Filer ID (Ethics Commission Filers) 00086313
4	Date 05/21/2024	5	Payee name A. Philip Randolph Institute		
6	Amount (\$) \$1,000.00	7	Payee address; City; State; Zip Code 815 Black Lives Matter Plaza Washington, DC 20006		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rainbow Tea Sponsorship		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/24/2024		Payee name Acres Homes Chamber for Business and Economic Development		
	Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 6112 Wheatley St Houston, TX 77091		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For disaster relief meals		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/30/2024		Payee name ActBlue Texas		
	Amount (\$) \$2,126.04		Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Payee name Airbnb	
6 Amount (\$) \$234.23	7 Payee address; City; State; Zip Code 888 Brannan St San Francisco, TX 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name BCom Solutions	
Amount (\$) \$2,800.00	Payee address; City; State; Zip Code 747 O St Suite 150 Lincoln, NE 68521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital fundraising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2024	Payee name Berlin Rosen	
Amount (\$) \$58,087.76	Payee address; City; State; Zip Code 15 Maiden Lane Suite 1600 New York, NY 10038	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paid media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/21/2024	5 Payee name Berlin Rosen	
6 Amount (\$) \$25,192.48	7 Payee address; City; State; Zip Code 15 Maiden Lane Suite 1600 New York, NY 10038	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paid media
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2024	Payee name Berlin Rosen	
Amount (\$) \$16,467.86	Payee address; City; State; Zip Code 15 Maiden Lane Suite 1600 New York, NY 10038	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paid media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name Berlin Rosen	
Amount (\$) \$1,440.00	Payee address; City; State; Zip Code 15 Maiden Lane Suite 1600 New York, NY 10038	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll working runoff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
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4 Date 06/04/2024	5 Payee name Berlin Rosen
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6 Amount (\$) \$21,958.00	7 Payee address; City; State; Zip Code 15 Maiden Lane Suite 1600 New York, NY 10038
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paid media
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/21/2024	Payee name Berlin Rosen
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Amount (\$) \$2,848.00	Payee address; City; State; Zip Code 15 Maiden Lane Suite 1600 New York, NY 10038
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paid media
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/24/2024	Payee name Burger Bar
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Amount (\$) \$36.56	Payee address; City; State; Zip Code 110 E 2nd St Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
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4 Date 05/23/2024	5 Payee name COA Parking Meters Austin
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6 Amount (\$) \$4.75	7 Payee address; City; State; Zip Code 800 Guadalupe St Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/23/2024	Payee name COA Parking Meters Austin
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Amount (\$) \$3.25	Payee address; City; State; Zip Code 800 Guadalupe St Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/28/2024	Payee name Calltime.ai
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 3780 KILROY AIRPORT WAY Long Beach, CA 90806
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
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4 Date 06/26/2024	5 Payee name Calltime.ai
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 3780 KILROY AIRPORT WAY Long Beach, CA 90806
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising software
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/28/2024	Payee name Christy Donuts
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Amount (\$) \$16.54	Payee address; City; State; Zip Code 1103 W Gray St Houston, TX 77019
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/28/2024	Payee name Christy Donuts
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Amount (\$) \$60.00	Payee address; City; State; Zip Code 1103 W Gray St Houston, TX 77019
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/20/2024	5 Payee name Circle K	
6 Amount (\$) \$5.95	7 Payee address; City; State; Zip Code 926 Westheimer Houston, TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ice for a campaign event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Community Labor Administrative Services	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 87-89 5th Ave Suite 600 New York, NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2024	Payee name Community Labor Administrative Services	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 87-89 5th Ave Suite 600 New York, NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mobilize software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Payee name Cotter, John	
6 Amount (\$) \$967.18	7 Payee address; City; State; Zip Code 4223 Terrace pines Kingwood, TX 77345	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for diaster relief
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Crockett, Sarah	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 5800 W Mount Houston RD Houston, TX 77088	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name El Taco Rico	
Amount (\$) \$66.75	Payee address; City; State; Zip Code 1818 Hamilton St Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/23/2024	5 Payee name Gusto	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$530.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/23/2024	5 Payee name Gusto	
6 Amount (\$) \$550.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/23/2024	5 Payee name Gusto	
6 Amount (\$) \$280.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/23/2024	5 Payee name Gusto	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name Gusto	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
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4 Date 05/23/2024	5 Payee name Gusto
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6 Amount (\$) \$560.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/23/2024	Payee name Gusto
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/23/2024	Payee name Gusto
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/23/2024	5 Payee name Gusto	
6 Amount (\$) \$880.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Gusto	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Gusto	
Amount (\$) \$9,371.02	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Payee name Gusto	
6 Amount (\$) \$2,653.01	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$740.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$740.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Payee name Gusto	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$740.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Payee name Gusto	
6 Amount (\$) \$740.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$540.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$680.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Payee name Gusto	
6 Amount (\$) \$440.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$740.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$660.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Payee name Gusto	
6 Amount (\$) \$740.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Gusto	
Amount (\$) \$740.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Payee name Gusto	
6 Amount (\$) \$720.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Gusto	
Amount (\$) \$440.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Gusto	
Amount (\$) \$443.46	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
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4 Date 06/13/2024	5 Payee name Gusto
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor payroll
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/14/2024	Payee name Gusto
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Amount (\$) \$1,022.29	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/14/2024	Payee name Gusto
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Amount (\$) \$3,983.44	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/17/2024	5 Payee name Gusto	
6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2024	Payee name Gusto	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2024	Payee name Gusto	
Amount (\$) \$682.33	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/27/2024	5 Payee name Gusto	
6 Amount (\$) \$2,982.94	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name HEB	
Amount (\$) \$9.54	Payee address; City; State; Zip Code 1701 W Alabama Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ICE FOR CAMPAIGN EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Heights & Co	
Amount (\$) \$298.65	Payee address; City; State; Zip Code 1343 Yale ST Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refreshments for campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/21/2024	5 Payee name Houston GLBT Political Caucus PAC	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code P.O. Box 66664 Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2024	Payee name Johnson, Natasha	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 2503 Park St Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election night catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name LYFT.Com	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/20/2024	5 Payee name LYFT.Com	
6 Amount (\$) \$9.00	7 Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2024	Payee name LYFT.Com	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name LYFT.Com	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride Share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/24/2024	5 Payee name LYFT.Com	
6 Amount (\$) \$17.00	7 Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride share
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name LYFT.Com	
Amount (\$) \$26.00	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name LYFT.Com	
Amount (\$) \$13.00	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
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4 Date 05/30/2024	5 Payee name LYFT.Com
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6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/31/2024	Payee name LYFT.Com
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Amount (\$) \$18.00	Payee address; City; State; Zip Code 185 Berry St San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/22/2024	Payee name Michel, Bryant
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Amount (\$) \$2,880.00	Payee address; City; State; Zip Code 14237 E San Houston Parkway Suite #289 Houston, TX 77004
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/03/2024	5 Payee name NGP VAN	
6 Amount (\$) \$373.10	7 Payee address; City; State; Zip Code 655 15th St NW Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2024	Payee name Office Max	
Amount (\$) \$17.93	Payee address; City; State; Zip Code 1576 W Gray Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2024	Payee name Office Max	
Amount (\$) \$136.40	Payee address; City; State; Zip Code 1576 W Gray Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Payee name Patterson Park Houston	
6 Amount (\$) \$255.03	7 Payee address; City; State; Zip Code 2205 Patterson St Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refreshemnts for campaign event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Rice-parking Houston	
Amount (\$) \$12.00	Payee address; City; State; Zip Code 6100 Main St Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Scale to Win	
Amount (\$) \$813.04	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/04/2024	5 Payee name Scootaround	
6 Amount (\$) \$258.00	7 Payee address; City; State; Zip Code El Paso Convention Center El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accesibility sponsorship, Texas Democratic Convention
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2024	Payee name Shell	
Amount (\$) \$83.49	Payee address; City; State; Zip Code 11203 Northwest Fwy Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas for campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Southwest Airlines	
Amount (\$) \$444.97	Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign travel for convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/31/2024	5 Payee name Southwest Airlines	
6 Amount (\$) \$444.97	7 Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign travel for convention
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2024	Payee name Squarespace	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name ans website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name Squarespace	
Amount (\$) \$0.51	Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name and website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/06/2024	5 Payee name Squarespace	
6 Amount (\$) \$85.73	7 Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name and website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2024	Payee name Squarespace	
Amount (\$) \$6.50	Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name and website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2024	Payee name Squarespace	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name and website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/12/2024	5 Payee name Stewart-Aday, Jamie	
6 Amount (\$) \$750.95	7 Payee address; City; State; Zip Code 2503 Park Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for expenses at Texas Democratic Convention
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2024	Payee name Stokes, Lucille	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 814 Eagles Glide Dr Houston, TX 77090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contractor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name Stokes, Lucille	
Amount (\$) \$880.00	Payee address; City; State; Zip Code 814 Eagles Glide Dr Houston, TX 77090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 05/30/2024	5 Payee name Stokes, Lucille	
6 Amount (\$) \$1,160.00	7 Payee address; City; State; Zip Code 814 Eagles Glide Dr Houston, TX 77090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Stokes, Sharita	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 6301 Ezzard Charles Ln Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2024	Payee name Veritex Bank	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4000 Greenbriar Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire transfer fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/13/2024	5 Payee name Veritex Bank	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 4000 Greenbriar Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire transfer fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name Walgreens	
Amount (\$) \$31.97	Payee address; City; State; Zip Code 1919 West Gray Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Washington, Carshonda	
Amount (\$) \$1,160.00	Payee address; City; State; Zip Code 505 Wells Fargo Dr houston, TX 77090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/36 Rpt:	2 FILER NAME Cook, Molly C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00086313
4 Date 06/04/2024	5 Payee name Williams, Cordelia	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 4315 Bayou Vista Dr Houston, TX 77091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense catering-senior event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Zoom.US	
Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Boulevard San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense video conferencing service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/11/2024	Payee name tinyurl.com	
Amount (\$) \$12.99	Payee address; City; State; Zip Code 3916 North Potsdam Avenue Suite 4535 Sioux Falls, SD 57104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held