CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to comp | lete this form. | 1 Filer ID (Ethics Commi 00086313 | ssion Filers) | 2 Total page | es filed: 115 |
|-------------------------|----------------------------|-------------------|---|--------------------|------------------|-------------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | • | MI | | E USE ONLY |
| OFFICEHOLDER | Ms. | Molly C. | | | | |
| NAME | | literij et | | | Date Received | |
| | | | | | ELECTRON | NICALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 10/07/2024 | |
| | | Cook | | 0011.00 | | |
| | | COOK | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; AP | T / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delive | ered or Date Postmarked |
| OFFICEHOLDER | PO Box 667238 | | | | | |
| MAILING ADDRESS | | | | | Receipt # | Amount |
| | | | | | | |
| Change of Address | Houston, TX 77266 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | Date imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | | | | IVII | | |
| NAME | Mr. | Leif | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Hatlen | | | | |
| | | | | | | |
| 6 CAMPAIGN | | | 4.0 | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO | | AP | T / SUITE #; CITY; | | STATE; ZIP CODE |
| ADDRESS | 13527 N. Tracewood Ber | nd | | | | |
| (Residence or Business) | | | | | | |
| (Residence of Business) | Houston, TX 77077 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHO | NE NUMBER | EXTENSION | | | |
| TREASURER | (281) 493-3107 | | | | | |
| PHONE | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | X 30th day before | | Runoff | 1 15th day afte | er campaign treasurer |
| | | <u> </u> | | | | (officeholder only) |
| | July 15 | 8th day before | election | Exceeded modified | Final Report | (Attach C/OH-FR) |
| | | | | reporting limit | 3 | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2024 | т | HROUGH | 09/26/2024 | | |
| | 01/01/2024 | | | 03/20/202 | + | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | | Primary | Runoff | Other | |
| | 11/05/2024 | | General | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | I | | 12 OFFICE SOUGHT | (if known) | |
| | State Senator District 15 | | | State Senator Dis | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO 1 | FO PAGE 2 | | | |
| | | | | - | | |
| Forms provided by Te | exas Ethics Commission | www.et | hics.state.tx.u | S | V | ersion V4.1.0.48da51f7 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 115

| 13 C / OH NAME | Cook, Molly C. (Ms.) | | 14 Filer ID (E 00086313 | Ethics Commission Filers) | | | | |
|--|----------------------------------|---|----------------------------|---------------------------|--|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | oolitical contributions accepted or political expenditur These expenditures may have been made without th I officeholders are required to report this information | he candidate's or officel | nolder's knowledge or | | | | |
| Additional Pages | COMMITTEE TYPE COMMITTEE NAME | | | | | | | |
| | GENERAL | | | | | | | |
| | _ | COMMITTEE ADDRESS | | | | | | |
| | SPECIFIC | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | S | | | | | |
| | | | | | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 | | | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS |) | \$ 55,696.63 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | |
| | | AL EXPENDITURES | | \$ 52,126.29 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD | AST DAY OF THE | \$ 61,875.16 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD | OF THE LAST DAY | \$ 0.00 | | | | |
| 17 AFFIDAVIT | | | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code. | | | | | | |
| | | Ms. | Molly C. Cook | | | | | |
| | | Signature of | Candidate or Officehold | er | | | | |
| AFFIX NOT | TARY STAMP / SEAL ABO | DVE | | | | | | |
| Sworn to and subsc | cribed before me, by the s | aid | , this the | day | | | | |
| of | , 20, to ce | rtify which, witness my hand and seal of office. | | | | | | |
| | | | | | | | | |
| Signature of offic | er administering | Printed name of officer administering | | administering oath | | | | |

| SUBTOTALS - C/OH | FORM C/OH OVER SHEET PG 3 3 of 115 | |
|--|--|----------------------------|
| 18 FILER NAME Cook, Molly C. (Ms.) | 19 Filer ID 00086313 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | 1 | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 55,388.63 |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 308.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 52,126.29 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ |
| | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/77 Rpt: 4/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/31/2024 ACT for Texas Classroom Teachers Association \$1,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78767-1489 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/22/2024 Agno, Julianne \$25.00 Contributor address; City; State; Zip Code Houston, TX 77006-6554 Principal occupation / Job title (See Instructions) Employer (See Instructions) Network Manager MD Anderson Cancer Center Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/24/2024 Alexander, Amelia \$100.00 Contributor address; City; State; Zip Code Houston, TX 77025-3331 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2024 \$25.00 Anderson, Steven Contributor address; City; State; Zip Code Pleasant Hill, CA 94523-2132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/31/2024 \$100.00 Anthony, Philip Contributor address; City; State; Zip Code Leander, TX 78641-8822 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 2/77 Rpt: 5/115 | |
|---|--------------------|---|------------------------------|-----|--|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date 08/26/2024 | 5 Full name of contributor out-of-state PAC (ID#: Antin, Quealy 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Houston, TX 77009-7533 | | | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/20/2024 | Arnold, Ken | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77043-1315 | | | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | consultant | | K Arnold Consulting Inc | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/14/2024 | Arnsparger, John | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77059-6448 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Not Employe | ∋d | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/14/2024 | Arnsparger, John | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77059-6448 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Not Employe | be | Not Employed | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 07/31/2024 | Aronson, Harvey | | | • • | \$36.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005-3008 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | L;) | | |
| | Psychothera | | Self | , | | |
| | | <u>.</u> | <u> </u> | | | |
| | | | | | | |
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| The Ins | truction Guide explains how to complete this | form. | | Total pages Schedule A1: Sch: 3/77 Rpt: 6/115 | |
|-------------|---|---|----------|--|-----------|
| 2 FILER N | ME | | 3 | Filer ID (Ethics Commission | n Filers) |
| Cook, N | olly C. (Ms.) | | 1 | 00086313 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 09/16/20 | | | | | \$50.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Round Rock, TX 78664-9618 | | | | |
| 8 Principal | occupation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| Not Em | loyed | Not Employed | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Τ | Amount of Contribution (\$) | |
| 09/05/20 | | | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | San Dimas, CA 91773-3151 | | | | |
| | occupation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| Not Em | loyed | Not Employed | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 07/05/20 | 24 Barahona, Gabriela | | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77019-6709 | i | | | |
| - | occupation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| Not Em | loyed | Not Employed | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| 08/29/20 | 24 Barcenassr, Camilo | | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| Drizoinal | Houston, TX 77027-4141 | | Ĺ | | |
| · · | occupation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| MD | | self | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷00.00 |
| 07/22/20 | ~ ~ ~ | | | | \$20.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Houston, TX 77009-6508 | | | | |
| Dringing | | Employer (See Instructions | <u> </u> | | |
| Enginee | occupation / Job title (See Instructions) | Employer (See Instructions TEI Planning + Design | 5) | | |
| | | | | | |
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| SCHEDULE | A1 |
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| | The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: Sch: 4/77 Rpt: 7/115 | |
|----------|---|---|------------------------------|----|--|-----------|
| 2 | 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | | | - | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/22/2024 | Barrow, George | | | | \$20.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77009-6508 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Engineer | | TEI Planning + Design | _ | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/22/2024 | Barrow, George | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | - · · · | Houston, TX 77009-6508 | | Ļ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Engineer | | TEI Planning + Design | — | | |
| | Date | — |) | | Amount of Contribution (\$) | |
| | 07/31/2024 | Bartos, Janet P | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Little Rock, AR 72223-4297 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Not Employe | | Not Employed | ッ | | |
| ╞ | | | | — | · · · · · · · · · · · · · · · · · · · | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀ10 በበ |
| | 08/12/2024 | Bartos, Janet P | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Little Rock, AR 72223-4297 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | L | | |
| | Not Employe | | Not Employed | , | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| | 08/31/2024 | Batdorf, Joseph | / | | | \$100.00 |
| | •••• | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77077-2926 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | President | | J Turner Research | | | |
| \vdash | | I | | | | |
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| | The Instrue | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/77 Rpt: 8/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/14/2024 | Beam, Kelly | | | | \$50.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77018-5312 | - | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Research At | torney | Jackson Walker | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/21/2024 | Berg, Thomas | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77007-5120 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Lawyer | | Self | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/01/2024 | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77007-5120 | | | | |
| \vdash | Drincinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Lawyer | | Self |) | | |
| ⊨ | | | | 1 | Amount of Contribution (\$) | |
| | Date 07/02/2024 | Full name of contributor out-of-state PAC (ID#: Bergman, Eldo |) | | Amount of Contribution (\$) | \$5.00 |
| | 0110212024 | - | | - | | ΦJ.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77035-3416 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> چ) | | |
| | Retired from | non profit | Family Literacy Network | (| | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/30/2024 | Bergman, Eldo | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77035-3416 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired from | non profit | Family Literacy Network | (| | |
| | | | · | | | |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/77 Rpt: 9/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/30/2024 | Bergman, Eldo | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77035-3416 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Retired from | non profit | Family Literacy Network | (| | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/29/2024 | Blake, Francis | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77006-1358 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Architectural | draftsman | Self | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/18/2024 | Blick, Suzanne | | | | \$4.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | T 1 1 1 4 4 4 4 4 | Sioux Falls, SD 57104-7048 | | Ĺ | | |
| | Principal occu truck driver | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | self | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ± : 00 |
| | 07/27/2024 | Blick, Suzanne | | | | \$4.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Sioux Falls, SD 57104-7048 | | | | |
| ┝ | Drincinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | truck driver | | self | >) | | |
| ╞ | | | | 1 | tt -f Opertuibution (ft) | |
| | Date 08/18/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$4.00 |
| | 08/18/2024 | Blick, Suzanne | | | | Φ4.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Sioux Falls, SD 57104-7048 | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ເ) | | |
| | truck driver | | self | , | | |
| ┝ | | | | | | |
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| | The Instru | ction Guide explains how to | complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 7/77 Rpt: 10/115 | |
|----------|--------------------|--|------------------------|------------------------------|----------|---|-----------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | | | | | 00086313 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/27/2024 | Blick, Suzanne | | | | | \$4.00 |
| | I | 6 Contributor address; City; State; 2 | Zip Code | | | | |
| | I | | | | | | |
| | I | | | | | | |
| Ļ | | Sioux Falls, SD 57104-7048 | T | | Ļ | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions | 5) | | |
| | truck driver | | l | self | - | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ± : 00 |
| | 09/18/2024 | Blick, Suzanne | | | | | \$4.00 |
| | I | Contributor address; City; State; 2 | Zip Code | | | | |
| | I | | | | | | |
| | I | Sioux Falls, SD 57104-7048 | | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | T | Employer (See Instructions | ;) | | |
| | truck driver | , , , , , , , , , , , , , , , , , , , | | self | , | | |
| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/29/2024 | Block, Robinson | | | | Allount of Contribution (+) | \$27.00 |
| | 0.,_0, | Contributor address; City; State; Z | Zin Code | | | | T |
| | I | Contributor addi 660, 119, 119, 1 | | | | | |
| | I | | | | | | |
| | | Houston, TX 77009-1488 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | · | | |
| | Firefighter | | | Houston Fire Departmer | nt | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/29/2024 | Block, Robinson | | | | | \$27.00 |
| | I | Contributor address; City; State; 2 | Zip Code | | | | |
| | I | | | | | | |
| | I | Houston, TX 77009-1488 | | | | | |
| \vdash | Drincinal occu | pation / Job title (See Instructions) | T | Employer (See Instructions | <u>ا</u> | | |
| | Firefighter | | | Houston Fire Departmer | | | |
| ╞ | | | | | | 1 | |
| | Date 08/20/2024 | Full name of contributor and contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | 0012012027 | Contributor address; City; State; 2 | 7in Code | | | | Ψ100.00 |
| | I | | | | | | |
| | I | | | | | | |
| | I | Houston, TX 77005-2926 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | bt | | Not Employed | | | |
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| I I | | | | | | | |

| SCHEDULE | A1 |
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| | The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: Sch: 8/77 Rpt: 11/115 | |
|----------|---|--|------------------------------|---------------------------------------|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 08/26/2024 | Boston, Cortney | | | ., | \$250.00 |
| | 00,20,20 | 6 Contributor address; City; State; Zip Code | | | | +=• |
| | I | b Contributor address, City, State, Zip Code | | | | |
| | I | | | | | |
| | I | Houston, TX 77030-1128 | | | | |
| L, | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | L | | |
| ľ | CEO & Co-F | | Keekko LLC | リ | | |
| | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/27/2024 | Bowden, Sally | | | | \$10.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | I | | | | | |
| | I | | | | | |
| | | New York, NY 10003-9339 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Not Employe | ed set of the set of t | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 08/12/2024 | Bowden, Sally | | | | \$15.00 |
| | I | | | | | |
| | I | | | | | |
| | I | | | | | |
| | I | New York, NY 10003-9339 | | | | |
| \vdash | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | L;) | | |
| | Not Employe | | Not Employed | , | | |
| ⊨ | | | | — | Amount of Contribution (¢) | |
| | Date | |) | | Amount of Contribution (\$) | ቀር በበ |
| | 08/13/2024 | Bronstein, Dale | | | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
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| | l | | | | | |
| | | Fort Worth, TX 76112-5425 | <u> </u> | Ļ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Wine Mercha | ant | Mr. | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/20/2024 | Bryant, Deborah | | | | \$50.00 |
| | 1 | Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | l | Houston, TX 77055-6642 | | | | |
| \vdash | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Not Employe | be | Not Employed | | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 9/77 Rpt: 12/115 | |
|---|--------------------|---|------------------------------|----------------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | ŧ:) | 7 | Amount of Contribution (\$) | |
| | 09/20/2024 | Bryant, Deborah | | | | \$50.00 |
| | | 6 Contributor address; City; State; Zip Code | | . | | |
| | ļ | | | | | |
| | | | | | | |
| | | Houston, TX 77055-6642 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Not Employe | 3d | Not Employed | | | |
| | Date | | #:) | T | Amount of Contribution (\$) | |
| | 07/21/2024 | Bryant, Lee | | | | \$100.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77030-2020 | | | | |
| | Drincinal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u>)</u> | | |
| | Not Employe | | Not Employed | 5) | | |
| ╞ | | | | T | Amount of Contribution (¢) | |
| | Date 09/01/2024 | Full name of contributor Out-of-state PAC (ID# Bryant, Lee | £:) | | Amount of Contribution (\$) | \$500.00 |
| | 09/01/2024 | | | | | Φ000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | 1 | Houston, TX 77030-2020 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | €d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | |
| | 09/07/2024 | Bullock, Charles | | | | \$100.00 |
| | 1 | Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77006-1521 | | Ļ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Architect | | Dillon Kyle Architects | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | t:) | | Amount of Contribution (\$) | ÷: |
| | 08/16/2024 | Byrd, Robert | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
| | | Spring, TX 77379-6732 | | | | |
| - | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> د) | | |
| | Not Employe | | Not Employed | 3) | | |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/77 Rpt: 13/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Cook, Molly | r C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/25/2024 | COOK, MARK D | | | | \$5,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | ĺ | | |
| | | Montgomery, TX 77356-4648 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Not Employe | ؛d | Not Employed | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/14/2024 | Cacciatore, Gary | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77006-6019 | | | | |
| - | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Attorney | | Gary Cacciatore | J | | |
| ⊢ | - | Full name of contributor Out-of-state PAC (ID#: | | — | Amount of Contribution (\$) | |
| | Date 09/16/2024 | Full name of contributor out-of-state PAC (ID#: Calder, Jacob |) | | Amount of Contribution (\$) | \$450.00 |
| | 0311012027 | Contributor address; City; State; Zip Code | | | | Ψ400.00 |
| | | Cultinution address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Seattle, WA 98115-4148 | | ĺ | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Software eng | gineer | Patreon inc | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/02/2024 | Camp, Marguerite | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | ĺ | | |
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| ┝ | Drive sized oppu | Houston, TX 77040-3444 | European (Care Instructions | ŕ | | |
| | Not Employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed |) | | |
| ╞ | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀ ር 00 |
| | 07/18/2024 | Cannon, Veronica | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Seattle, WA 98118-3501 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Not employe | | Not employed | | | |
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| | The Instrue | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 11/77 Rpt: 14/115 | |
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| 2 | FILER NAME | | | | Filer ID (Ethics Commission | n ⊢liers) |
| | Cook, Molly | | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 07/11/2024 | Cazares, Gabe | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston TX 77011 2022 | | | | |
| Ļ | Dringing ogg | Houston, TX 77011-2822 | Employer (See Instructions | | | |
| ľ | Nonprofit Ma | pation / Job title (See Instructions) | 9 Employer (See Instructions LINK Houston | 5) | | |
| | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/11/2024 | Cazares, Gabe | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Usuatan TV 77011 2022 | | | | |
| | Driveland ecou | Houston, TX 77011-2822 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Nonprofit Ma | | LINK Houston | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/11/2024 | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston TX 77011 2022 | | | | |
| | Duin sin stars | Houston, TX 77011-2822 | | | | |
| | Nonprofit Ma | pation / Job title (See Instructions) | Employer (See Instructions LINK Houston | 5) | | |
| | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/27/2024 | Chadwick, Susan | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77006-4652 | | | | |
| _ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | Not Employed | <i>)</i> | | |
| ⊢ | | | | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀርብ በብ |
| | 09/18/2024 | | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77035-3617 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Retired | | Retired | >) | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 12/77 Rpt: 15/115 | |
|---|-----------------------------|--|------------------------------|----|--|---------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 07/05/2024 Cifarelli, Donna | | | | | \$10.00 |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Plano, TX 75074-6131 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 3) | | |
| | Librarian | | City of Plano | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/03/2024 | Clark, Linda | | | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Torrance, CA 90505 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | эd | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 08/03/2024 | Clark, Linda | ! | | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Torrance, CA 90505 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Not Employe | 3d | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/03/2024 | Clark, Linda | | | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Torrance, CA 90505 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Not Employe | bt | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/24/2024 | Clark, Nicolle | | | | \$10.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | New Braunfels, TX 78130-3078 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ∃d | Not Employed | | | |
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| | The Instrue | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 13/77 Rpt: 16/115 | |
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| 2 | FILER NAME | ME | | | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 08/23/2024 | Clement, Emily | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Bellaire, TX 77401-2706 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Not employe | | Not employed | -, | | |
| ╞ | | | | <u> </u> | Amount of Contribution (f) | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢50.00 |
| | 09/10/2024 | Clinton IV, Posie | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77055-3425 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Security | | Guard 1 | | | |
| | Date | Full name of contributor Dut-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/23/2024 | Collins, Lawrence | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Tyler, TX 75703-3966 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/12/2024 | Cones, Marian Wagner | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77055-4110 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | Retired | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 07/26/2024 | Conyngham, Karen |) | | | \$25.00 |
| | | | | | Ψ <u>2</u> 0.00 | |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78746-4115 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | researcher | | Self | " | | |
| ⊢ | researcher | | | | | |
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| I I | | | | | | |

| The Instruction Guide explains how to complete this form. Sch: 14/7 2 FILER NAME Cook, Molly C. (Ms.) 3 Filer ID 00086313 4 Date 08/02/2024 5 Full name of contributor out-of-state PAC (ID#:) Conyngham, Karen 7 Amount of Amount of Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 4 9 Employer (See Instructions) 8 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) | es Schedule A1: 77 Rpt: 17/115 (Ethics Commission Filers) 3 f Contribution (\$) \$20.00 |
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| 2 FILER NAME Cook, Molly C. (Ms.) 3 Filer ID 0008631: 4 Date 08/02/2024 5 Full name of contributor out-of-state PAC (ID#:) Conyngham, Karen 7 Amount of Amount of Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 4 9 Employer (See Instructions) 8 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) | (Ethics Commission Filers) 3 f Contribution (\$) |
| Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Conyngham, Karen 08/02/2024 6 Contributor address; City; State; Zip Code 7 Amount of Amount of Amount of Contributor address; City; State; Zip Code 8 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) | 3 f Contribution (\$) |
| 08/02/2024 Conyngham, Karen 6 Contributor address; City; State; Zip Code Austin, TX 78746-4115 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| 08/02/2024 Conyngham, Karen 6 Contributor address; City; State; Zip Code Austin, TX 78746-4115 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | \$20.00 |
| Austin, TX 78746-4115 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| Austin, TX 78746-4115 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| | |
| | |
| researcher Self | |
| | f Contribution (\$) |
| 09/11/2024 Conyngham, Karen | \$25.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Austin, TX 78746-4115 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Self | |
| | |
| | f Contribution (\$) |
| 07/04/2024 Crochet, Carolyn | \$1.50 |
| Contributor address; City; State; Zip Code | |
| | |
| Gretna, LA 70056-4016 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Not Employed Not Employed | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of | f Contribution (\$) |
| 07/29/2024 Crochet, Carolyn | \$2.50 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Gretna, LA 70056-4016 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Not Employed Not Employed | |
| | f Contribution (\$) |
| 08/04/2024 Crochet, Carolyn | \$1.50 |
| Contributor address; City; State; Zip Code | |
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| Gretna, LA 70056-4016 | |
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| | The Instru | ction Guide explains how to complete th | is form. | | 1 Total pages Schedule A1: Sch: 15/77 Rpt: 18/115 |
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| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (| ID#: |) | 7 Amount of Contribution (\$) |
| | 08/29/2024 | Crochet, Carolyn | | | \$2.50 |
| | | 6 Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| Ļ | Duin singly good | Gretna, LA 70056-4016 | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) | 9 Employer (See Not Employe | | |
| | | | | u | |
| | Date | Full name of contributor out-of-state PAC (| D#: |) | Amount of Contribution (\$) |
| | 09/04/2024 | Crochet, Carolyn | | | \$1.50 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Gretna, LA 70056-4016 | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions) | |
| | Not Employe | | Not Employe | | , |
| ╞ | Date | Full name of contributor out-of-state PAC (| I |) | Amount of Contribution (\$) |
| | 08/15/2024 | Crocker, Samuel | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | |
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| | | | | | |
| | | Houston, TX 77019-6115 | | | |
| | | pation / Job title (See Instructions) | Employer (See | | |
| | Not Employe | | Not Employe | d | |
| | Date | Full name of contributor out-of-state PAC (| .D#: |) | Amount of Contribution (\$) |
| | 09/05/2024 | Crocker, Samuel | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Houston, TX 77019-6115 | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions |) |
| | Not Employe | | Not Employe | | , |
| ╞ | Date | Full name of contributor out-of-state PAC (| |) | Amount of Contribution (\$) |
| | 07/01/2024 | Cylkowski, Andrew | D# | / | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Eureka Springs, AR 72632-0186 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See | e Instructions) | |
| | Not Employe | :d | Not Employe | d | |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 16/77 Rpt: 19/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | ŕ |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 07/23/2024 | Darrah, Glenn | | | | \$20.00 |
| | ļ | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
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| Ļ | Drivel easy | Houston, TX 77025-4543 | | Ĺ | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions StaffLink Inc | 5) | | |
| | Economic Ar | - | | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ±00.00 |
| | 08/23/2024 | Darrah, Glenn | | | | \$20.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77025-4543 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ו | | |
| | Economic Ar | | StaffLink Inc | , | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ | | Г | Amount of Contribution (\$) | |
| | 09/23/2024 | Darrah, Glenn | / | | | \$20.00 |
| | 00,20,202 | Contributor address; City; State; Zip Code | | | | ¥20.02 |
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| | ļ | Houston, TX 77025-4543 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Economic Ar | nalyst | StaffLink Inc | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/12/2024 | Davey, Robert | | | | \$100.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
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| | ļ | | | | | |
| | Driveleeu | Houston, TX 77027-4004 | | Ĺ | | |
| | Principal occu Executive | pation / Job title (See Instructions) | Employer (See Instructions Vynckier | 5) | | |
| | | | | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | * 100.00 |
| | 08/13/2024 | Decker, Mary | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
| | ļ | Jacksonville, TX 75766-1301 | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ג) | | |
| | Not Employe | | Not Employed | , | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/77 Rpt: 20/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/25/2024 Dimarco, Corrine \$2.00 6 Contributor address; City; State; Zip Code Orlando, FL 32812-8649 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not employed Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/14/2024 \$24.00 Doherty, Kyle Contributor address; City; State; Zip Code Houston, TX 77007-7404 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Baker Botts LLP Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/31/2024 Dukes, Thomas \$100.00 Contributor address; City; State; Zip Code San Antonio, TX 78209-5532 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/07/2024 \$2,500.00 EYE-PAC of the Texas Ophthalmological Association Contributor address; City; State; Zip Code Austin, TX 78701-1667 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/18/2024 \$5.00 Edelstein, Susan Contributor address; City; State; Zip Code Cary, NC 27511-5668 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 18/77 Rpt: 21/115 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission I | Filers) |
| Cook, Molly | C. (Ms.) | | 00086313 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 08/06/2024 | Edelstein, Susan | | | \$5.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Cary, NC 27511-5668 | | - | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions) |) | |
| Not Employe | | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 08/15/2024 | Ehlinger, Chris | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77008-3209 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>)</u> | |
| Not Employe | | Not Employed |) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) | |
| 07/22/2024 | Elkin, Jeffrey R. | / | Amount of Contribution (4) | \$25.00 |
| •••• | | | | + |
| | | | | |
| | | | | |
| | Houston, TX 77005-3702 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions |) | |
| Attorney | | Mouer Huston PLLC | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 07/21/2024 | Ellis, Paul | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77077-5902 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | A | |
| Not Employe | | Not Employed |) | |
| | | | Amount of Contribution (\$) | |
| Date 07/03/2024 | Full name of contributor out-of-state PAC (ID#: Ellison, Rochelle |) | Amount of Contribution (\$) | \$20.00 |
| 01100,202 . | Contributor address: City; State; Zip Code | | | Ψ20.00 |
| | CUltimbutor address, City, State, Lip Code | | | |
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| | Austin, TX 78753-5112 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ·) | |
| Not Employe | Эd | Not Employed | | |
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| The Instru | iction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 19/77 Rpt: 22/115 | |
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| 2 FILER NAME Cook, Molly | | | | 3 | Filer ID (Ethics Commission 00086313 | on Filers) |
| 4 Date 08/01/2024 | 5 Full name of contributor | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$20.00 |
| | 6 Contributor address; City; St | | | | | |
| | Austin, TX 78753-5112 | | | | | |
| 8 Principal occu Not Employe | upation / Job title (See Instructions ed | 3) | 9 Employer (See Instructions Not Employed | s) | | |
| Date 08/05/2024 | Full name of contributor Ellison, Rochelle Contributor address; City; St | |) | | Amount of Contribution (\$) | \$25.00 |
| Principal occu Not Employe | Austin, TX 78753-5112 upation / Job title (See Instructions | s) | Employer (See Instructions Not Employed | s) | | |
| | - | | | — | Amount of Contribution (¢) | |
| Date 08/11/2024 | Date Full name of contributor out-of-state PAC (ID#:) 08/11/2024 Ellison, Rochelle Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$25.00 |
| | Austin, TX 78753-5112 | | | | | |
| Principal occu Not Employe | upation / Job title (See Instructions ed | s) | Employer (See Instructions Not Employed | 5) | | |
| Date 09/17/2024 | Full name of contributor Ellison, Rochelle Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Austin, TX 78753-5112 | | | | | |
| Principal occu Not Employe | upation / Job title (See Instructions ed | 3) | Employer (See Instructions Not Employed | s) | | |
| Date 09/17/2024 | Full name of contributor Enchanted Rock Holdings Contributor address; City; St Houston, TX 77002-1043 | State; Zip Code | al Action Committee | | Amount of Contribution (\$) | \$1,000.00 |
| Principal occu | upation / Job title (See Instructions | | Employer (See Instructions | s) | | |
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| The Instru | uction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 20/77 Rpt: 23/115 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | 5) |
| Cook, Molly | | | 00086313 | , |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: | .) | 7 Amount of Contribution (\$) | |
| 07/29/2024 | | · | | 0.00 |
| | 6 Contributor address; City; State; Zip Code | ····· | | |
| | | | | |
| | | | | |
| | Houston, TX 77008-6964 | | | |
| 8 Principal occ | upation / Job title (See Instructions) | 9 Employer (See Instructions) |) | |
| Not Employ | ^r ed | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) | |
| 08/29/2024 | Eriksen, Erin | | \$50 | 0.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77008-6964 | | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Not Employ | ed | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) | |
| 09/05/2024 | Falender, Allie | | \$25 | 5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77005-4324 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Manager | | Shell | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) | |
| 09/22/2024 | Falender, Allie | | \$25 | 5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77005-4324 | | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Manager | | Shell | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 07/15/2024 | Farmer, Clarence | | \$2 | 2.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Mashaniashura DA 170EE E400 | | | |
| D i singlass | Mechanicsburg, PA 17055-5402 | | 、 、 | |
| - | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/77 Rpt: 24/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/15/2024 Fierman, Carole \$1.58 6 Contributor address; City; State; Zip Code Mountain Brk, AL 35223-2720 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/29/2024 Forney, Jan Lynette \$5.00 Contributor address; City; State; Zip Code Houston, TX 77006-4403 Principal occupation / Job title (See Instructions) Employer (See Instructions) geophysicist swift energy Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/29/2024 Forney, Jan Lynette \$5.00 Contributor address; City; State; Zip Code Houston, TX 77006-4403 Principal occupation / Job title (See Instructions) Employer (See Instructions) geophysicist swift energy Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2024 \$25.00 Foster, Allison Contributor address; City; State; Zip Code Houston, TX 77006-2127 Principal occupation / Job title (See Instructions) Employer (See Instructions) international student counselor University of Houston Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/30/2024 \$25.00 Foster, Allison Contributor address; City; State; Zip Code Houston, TX 77006-2127 Principal occupation / Job title (See Instructions) Employer (See Instructions) international student counselor University of Houston

| | The Instruc | ction Guide explains how to complete this f | iorm. | 1 | Total pages Schedule A1: Sch: 22/77 Rpt: 25/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | Cook, Molly C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 07/05/2024 | Franklin, Olive | | | | \$3.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Ukiah, CA 95482-6849 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ;d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/05/2024 | Franklin, Olive | | | | \$3.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
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| | | Luch CA 05402 6940 | | | | |
| \vdash | Dringing occu | Ukiah, CA 95482-6849 | | <u> </u> | | |
| | Not Employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed | 5) | | |
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| | Date 09/05/2024 | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$3.00 |
| | 09/03/2024 | Franklin, Olive | | • | | Φ 3.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Ukiah, CA 95482-6849 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ¢d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | <u>.</u>) | Γ | Amount of Contribution (\$) | |
| | 08/15/2024 | Frazier, Winfred | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | | | | | |
| | | Bellaire, TX 77401-4442 | 1 | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷ · = 00 |
| | 09/03/2024 | Friedman, Mark | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Miami, FL 33157-7165 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> د) | | |
| | Nurse | | Nicklaus Childrens | , | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 23/77 Rpt: 26/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date 07/21/2024 | 5 Full name of contributorout-of-state PAC (ID#: Friedrich, Mary Anne Anne |) | 7 | Amount of Contribution (\$) | \$15.00 |
| | l | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | Houston, TX 77096-6109 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | _ |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/24/2024 | Fullem, Robert | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | I | | | | | |
| | I | Houston, TX 77005-1704 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Analyst | | NIH | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 08/24/2024 | Fullem, Robert | | | | \$20.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
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| | l | | | | | |
| | I | Houston, TX 77005-1704 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Analyst | | NIH | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/24/2024 | Fullem, Robert | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | · |
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| | I | Houston, TX 77005-1704 | | | | |
| ⊢ | Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Analyst | | NIH | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u> | Π | Amount of Contribution (\$) | |
| | 08/26/2024 | Galbraith, Lucy | / | | | \$10.00 |
| | 00,20,202 | Contributor address; City; State; Zip Code | | - | | #1 0.02 |
| | I | Continuation address, City, State, Zip Code | | | | |
| | I | | | | | |
| | l | Houston, TX 77054-2018 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ال</u> | | |
| | Urbanist | | Self | 3) | | |
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| | The Instru | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 24/77 Rpt: 27/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/18/2024 | Galbraith, Lucy | | | | \$15.00 |
| | ļ | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77054-2018 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Urbanist | | Self | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Ī | Amount of Contribution (\$) | |
| | 09/10/2024 | Gamson, Barbara | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77024-5822 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ;d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/20/2024 | Garrett, Dawn | | | | \$5.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | | | | | | |
| | <u> </u> | Saginaw, MI 48603-9632 | | Ĺ | | |
| | Principal occu Nurse | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | Hope Network | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/23/2024 | Gerron, Jerry | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | ļ | Houston, TX 77070-2331 | | | | |
| _ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | Not Employed | 5) | | |
| ╞ | | | | 1 | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀ15 00 |
| | 09/06/2024 | Gerron, Jerry | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
| | ļ | Houston, TX 77070-2331 | | | | |
| _ | Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ב) | | |
| | Not Employe | | Not Employed | 5) | | |
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| | The Instru | ction Guide explains how to complete this | form. | | Total pages Schedule A1: Sch: 25/77 Rpt: 28/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: | :) | 7 | Amount of Contribution (\$) | |
| | 07/28/2024 | Gerstenhaber, Suzi | | | | \$25.00 |
| | I | 6 Contributor address; City; State; Zip Code | | | | |
| | I | | | | | |
| | I | | | | | |
| | | Houston, TX 77056-4116 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | <u>.</u> s) | | |
| | Attorney | | Waldman Smallwood | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: | t:) | T | Amount of Contribution (\$) | |
| | 09/16/2024 | Gerstenhaber, Suzi | | | | \$25.00 |
| | 1 | Contributor address; City; State; Zip Code | | · | | |
| | I | | | | | |
| | l | | | | | |
| | | Houston, TX 77056-4116 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | Waldman Smallwood | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: | :) | T | Amount of Contribution (\$) | |
| | 07/28/2024 | Golding, Constance | | | | \$2.50 |
| | I | Contributor address; City; State; Zip Code | , | 1 | | |
| | I | | | | | |
| | l | | | | | |
| | | New York, NY 10025-5825 | | | | |
| | • | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | 3d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | :) | Ţ | Amount of Contribution (\$) | |
| | 08/28/2024 | Golding, Constance | | | | \$2.50 |
| | I | Contributor address; City; State; Zip Code | |] | | |
| | I | | | | | |
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| \vdash | Drive sized, oppu | New York, NY 10025-5825 | | | | |
| | Principal occu Not Employe | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | 1 | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | :) | ' | Amount of Contribution (\$) | |
| | 08/06/2024 | Goodman, Kenneth | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | I | | | | | |
| | I | Hauston TV 77010 6111 | | | | |
| | Deir sinal agai | Houston, TX 77019-6111 | | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ja | Not Employed | | | |
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| | The Instrue | ction Guide explains how to complete t | his foi | rm. | 1 | Total pages Schedule A1: Sch: 26/77 Rpt: 29/115 | |
|---|----------------|--|-------------------|----------------------------|----------|--|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Cook, Molly | C. (Ms.) | | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC | (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/11/2024 | Goodman, Kenneth | | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77019-6111 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Not Employe | d | | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC | (ID#: |) | | Amount of Contribution (\$) | |
| | 09/10/2024 | Goradia, Vishal | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77007-7008 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Business | | | Vinmar International | | | |
| Γ | Date | H | (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/11/2024 | Graham, Susan | | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Houston, TX 77009-1482 | | | | | |
| - | Bringinal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | | Not Employed | •) | | |
| ╞ | | | | | | | |
| | Date | Full name of contributor out-of-state PAC | (ID#: |) | | Amount of Contribution (\$) | ¢25.00 |
| | 07/21/2024 | Graham, Susan | | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Houston, TX 77009-1482 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | I;) | | |
| | Not Employe | | | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC | (ID# [.] |) | | Amount of Contribution (\$) | |
| | 08/11/2024 | Graham, Susan | (10 |) | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
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| | | | | | | | |
| | | Houston, TX 77009-1482 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Not Employe | d | | Not Employed | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 27/77 Rpt: 30/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 09/11/2024 | Graham, Susan | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | Deinsinglasse | Houston, TX 77009-1482 | | | | |
| 8 | Not Employe | pation / Job title (See Instructions) | 9 Employer (See Instructions Not Employed | 5) | | |
| ╘ | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | † 10.00 |
| | 09/24/2024 | Grimm, Alice | | | | \$18.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Oakland, CA 94611-5728 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ເ) | | |
| | Customer Su | | LeanTaaS | -, | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Г | Amount of Contribution (\$) | |
| | 08/09/2024 | Groves, Debra | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78751-4215 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/26/2024 | Guadagnolo, Ashleigh | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Heusten TV 77020 1010 | | | | |
| ⊢ | Dringinglaggy | Houston, TX 77030-1816 | Franksvar (Caa kaatuvationa | | | |
| | Physician | pation / Job title (See Instructions) | Employer (See Instructions MD Anderson | 5) | | |
| ╞ | _ | | | _ | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | 00/30/2024 | Gueary, Emmit | | | | Ф Э.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Crosby, TX 77532-3391 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> چ) | | |
| | Console Ope | | ExxonMobil | | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 28/77 Rpt: 31/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 07/12/2024 | Hallenbeck, Robert | | | | \$20.00 |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77019-6701 | - | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Manager | | Waste Management | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | :) | Γ | Amount of Contribution (\$) | |
| | 08/12/2024 | Hallenbeck, Robert | | | | \$20.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Houston, TX 77019-6701 | | Ĺ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| L | Manager | | Waste Management | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/12/2024 | Hallenbeck, Robert | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77019-6701 | | | | |
| - | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | Manager | | Waste Management | 3) | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | Dale 07/26/2024 | Full name of contributor out-of-state PAC (ID#: Hampton, Dennis |) | | | \$1.50 |
| | 0112012027 | | | | | Ψ1.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Denver, CO 80203-4646 | | | | |
| ⊢ | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | 」 s) | | |
| | Not Employe | | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| | 08/30/2024 | Hampton, Dennis | | | | \$1.50 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Denver, CO 80203-4646 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | ed . | Not Employed | | | |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 29/77 Rpt: 32/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/26/2024 | Hampton, Dennis | | | | \$1.50 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
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| | | Denver, CO 80203-4646 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/21/2024 | Hand, Dorcas | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
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| | | | | | | |
| \vdash | Drinsipal agou | Houston, TX 77008-6413 | Employer (Coo Instructions | <u> </u> | | |
| | librarian | pation / Job title (See Instructions) | Employer (See Instructions retired | 5) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷10.00 |
| | 09/21/2024 | Hand, Dorcas | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77008-6413 | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 3) | | |
| | librarian | | retired | <i>,</i> | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 07/21/2024 | Hanes, Jenna | / | | (1) | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78723-4900 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/21/2024 | Hanes, Jenna | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78723-4900 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 30/77 Rpt: 33/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | - | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 09/21/2024 | Hanes, Jenna | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | ł | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78723-4900 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ed . | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Ι | Amount of Contribution (\$) | |
| | 08/29/2024 | Hanks, Liz | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77008-4341 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not employe | d | Not employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/04/2024 | Harper, Andrew | | | | \$2.50 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Snohomish, WA 98296-5246 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | teacher!! | | Everett Public Schools | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/06/2024 | Harper, Andrew | | | | \$2.50 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Snohomish, WA 98296-5246 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | teacher!! | | Everett Public Schools | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Ī | Amount of Contribution (\$) | |
| | 09/04/2024 | Harper, Andrew | | | | \$2.50 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Snohomish, WA 98296-5246 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | teacher!! | | Everett Public Schools | | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/77 Rpt: 34/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/29/2024 Harris, Ouin R \$50.00 6 Contributor address; City; State; Zip Code Houston, TX 77008-4144 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/08/2024 Harvey, Nick \$25.00 Contributor address; City; State; Zip Code Tomales, CA 94971 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/08/2024 Harvey, Nick \$25.00 Contributor address; City; State; Zip Code Tomales, CA 94971 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2024 \$25.00 Harvey, Nick Contributor address; City; State; Zip Code Tomales, CA 94971 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/22/2024 \$50.00 Haseltine, Barbara Contributor address; City; State; Zip Code Houston, TX 77008-2416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 32/77 Rpt: 35/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/27/2024 | Hathaway, Patrice | | | | \$1.05 |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | l | | | | | |
| | I | | | | | |
| | | Austin, TX 78704-2448 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Director | | Independent Golf Resea | arc | h | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/18/2024 | Hatoum, Nabil | | | | \$25.00 |
| | l | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | I | Chicago, IL 60618-8053 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Г | Amount of Contribution (\$) | |
| | 09/25/2024 | Henschen, Robert | | | · · · · · · · · · · · · · · · · · · · | \$25.00 |
| | | Contributor address; City; State; Zip Code | , | 1 | | • |
| | l | | | | | |
| | l | | | | | |
| | I | Bellaire, TX 77401-2815 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | musician | 1 | self | | | |
| ⊢ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/19/2024 | Hillegas, Bob | / | | | \$10.00 |
| | 01120.222 | Contributor address; City; State; Zip Code | | - | | *-· ··· |
| | I | Continuation address, City, State, Zip Code | | | | |
| | I | | | | | |
| | I | Houston, TX 77080-3815 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | L 5) | | |
| | Not Employe | | Not Employed | -, | | |
| ╞ | | | | | Amount of Contribution (\$) | |
| | Date 08/19/2024 | Full name of contributor out-of-state PAC (ID#: Hillegas, Bob |) | | Amount of Contribution (\$) | \$10.00 |
| | 00/13/2024 | | | | | ΦΤΟ'ΟΟ |
| | l | Contributor address; City; State; Zip Code | | | | |
| | I | | | | | |
| | I | Houston, TX 77080-3815 | | | | |
| \vdash | Bringinal occu | pation / Job title (See Instructions) | Employer (See Instructions | Γ | | |
| | Not Employe | | Not Employed | 5) | | |
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| | The Instruc | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 33/77 Rpt: 36/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/19/2024 | Hillegas, Bob | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77080-3815 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/06/2024 | Hirschmann, Sue | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77081-7409 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Teacher | | Alief I.S.D. | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/06/2024 | Hirschmann, Sue | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77081-7409 | 1 | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Teacher | | Alief I.S.D. | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/06/2024 | Hirschmann, Sue | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77081-7409 | | | | |
| \vdash | Dringing occu | | Employer (See Instructions | <u> </u> | | |
| | Teacher | pation / Job title (See Instructions) | Employer (See Instructions Alief I.S.D. | 5) | | |
| ╘ | | | | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷= 00 |
| | 07/06/2024 | Hoffman, Joseph | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Los Angeles, CA 90041-2946 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | Not Employed | >) | | |
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| | The Instru | ction Guide explains how to complete th | his fc | orm. | 1 | Total pages Schedule A1: Sch: 34/77 Rpt: 37/115 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Cook, Molly | C. (Ms.) | | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC | |) | 7 | Amount of Contribution (\$) | |
| | 08/06/2024 | Hoffman, Joseph | | | | | \$5.00 |
| | I | 6 Contributor address; City; State; Zip Code | | | | | |
| | I | | | | | | |
| | I | | | | | | |
| | | Los Angeles, CA 90041-2946 | | | | | |
| 8 | | ipation / Job title (See Instructions) | | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ,d | | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC | ; (ID#: |) | | Amount of Contribution (\$) | |
| | 09/06/2024 | Hoffman, Joseph | | | | | \$5.00 |
| | 1 | Contributor address; City; State; Zip Code | | | 1 | | |
| | I | 1 | | | | | |
| | l | 1 | | | | | |
| | | Los Angeles, CA 90041-2946 | | | | | |
| | Principal occu | ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | d. | | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC | ; (ID#: |) | | Amount of Contribution (\$) | |
| | 07/20/2024 | Hoffman, Michael | | | | | \$1,000.00 |
| | I | Contributor address; City; State; Zip Code | | | | | |
| | I | | | | | | |
| | I | 1 | | | | | |
| | | Dallas, TX 75230-1701 | | | | | |
| Γ | Principal occu | ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Attorney | | | Self | | | |
| F | Date | Full name of contributor out-of-state PAC | ; (ID#: |) | | Amount of Contribution (\$) | |
| | 08/20/2024 | Homier, John | | | | | \$50.00 |
| | I | Contributor address; City; State; Zip Code | | | | | |
| | I | | | | | | |
| | I | 1 | | | | | |
| | | Houston, TX 77005-3621 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Unemployed | | | none | | | |
| F | Date | Full name of contributor out-of-state PAC | ; (ID#: |) | | Amount of Contribution (\$) | |
| | 07/15/2024 | Hopper, Clair | | | | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | | 1 | | |
| | I | | | | | | |
| | I | 1 | | | | | |
| | | Pittsburgh, PA 15224-2239 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | :d | | Not Employed | | | |
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| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 35/77 Rpt: 38/115 | |
|----------|---|---|------------------|----------------------------|----|--|---------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of- | state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/15/2024 | Hopper, Clair | - | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip C | ode | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Pittsburgh, PA 15224-2239 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 E | mployer (See Instructions | ;) | | |
| | Not Employe | d | 1 | lot Employed | | | |
| F | Date | Full name of contributor | -state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/15/2024 | Hopper, Clair | | | | | \$5.00 |
| | | | ode | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Pittsburgh, PA 15224-2239 | | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | E | Employer (See Instructions | ;) | | |
| | Not Employe | d | 1 | lot Employed | | | |
| ╞ | Date | Full name of contributor out-of- | -state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/31/2024 | Houck, Marcia | | | | • • | \$15.00 |
| | | Contributor address; City; State; Zip C | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77062-3656 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | E | Employer (See Instructions | 5) | | |
| | Not Employe | ؛d | 1 | lot Employed | | | |
| F | Date | Full name of contributor 🗌 out-of- | state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/13/2024 | Houck, Marcia | | | | | \$15.00 |
| | | Contributor address; City; State; Zip C | ode | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77062-3656 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | E | mployer (See Instructions | ;) | | |
| | Not Employe | d | 1 | lot Employed | | | |
| F | Date | Full name of contributor out-of- | state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/21/2024 | Howard, Craig | | | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77005-2340 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | E | mployer (See Instructions | ;) | | |
| | Not Employe | d | 1 | lot Employed | | | |
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|----------|--------------------|--|--|--------------|--|---------|
| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 36/77 Rpt: 39/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID |)#:) | 7 | Amount of Contribution (\$) | |
| | 07/08/2024 | Howard, Heather | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | | | | | |
| | | Dallas, TX 75248-3480 | | | | |
| | | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Social Worke | er | Lifepoint Health | | | |
| | Date | Full name of contributor out-of-state PAC (ID | D#:) |] | Amount of Contribution (\$) | |
| | 08/08/2024 | Howard, Heather | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Dallas, TX 75248-3480 | | | | |
| | Princinal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u>د)</u> | | |
| | Social Worke | , | Lifepoint Health | 5) | | |
| | Date | | | | Amount of Contribution (\$) | |
| | 09/08/2024 | | | | Amount of Contribution (\$) | \$5.00 |
| | | Contributor address; City; State; Zip Code | | - | | Ψ0.00 |
| | | Contributor address, City, State, Zip Couc | | | | |
| | | | | | | |
| | | Dallas, TX 75248-3480 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Social Worke | er | Lifepoint Health | | | |
| | Date | Full name of contributor out-of-state PAC (ID |)#:) | Γ | Amount of Contribution (\$) | |
| | 07/15/2024 | Howard, Scott | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | ······ | 1 | | |
| | | | | | | |
| | | United TV 77010 2704 | | | | |
| <u> </u> | Dringing oog | Houston, TX 77019-3704 upation / Job title (See Instructions) | Employer (See Instruction | | | |
| | Not Employe | | Employer (See Instructions Not Employed | 5) | | |
| | | | | — | | |
| | Date 08/15/2024 | Full name of contributor out-of-state PAC (ID Howard, Scott | ı#:) | | Amount of Contribution (\$) | \$25.00 |
| | 00/13/2024 | | | | | φ23.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77019-3704 | | | | |
| | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | ⊥ s) | | |
| | Not Employe | | Not Employed | - | | |
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| | The Instruc | ction Guide explains how to complete thi | s for | rm. | 1 | Total pages Schedule A1: Sch: 37/77 Rpt: 40/115 | |
|----------|--------------------|--|------------|----------------------------|----------------|--|---------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (II | D#: |) | 7 | Amount of Contribution (\$) | |
| | 09/15/2024 | Howard, Scott | | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | \mathbf{I} | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77019-3704 | | | | | |
| 8 | Principal occu | I pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | | Not Employed | , | | |
| ╞ | Date | Full name of contributor out-of-state PAC (II | |) | 1 | Amount of Contribution (\$) | |
| | 08/31/2024 | Huebel, Martha Ann | D# | | | | \$50.00 |
| | 00/01/202-1 | | | | • | | Ψ00.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Houston, TX 77035-2424 | | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | | Not Employed | , | | |
| ╞ | Date | Full name of contributor out-of-state PAC (II | <u>+</u> . | | Τ | Amount of Contribution (\$) | |
| | 07/24/2024 | Hunn, William Roland | D# | | | | \$5.00 |
| | 0112412027 | | | | - | | ψ0.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Humble, TX 77346-2640 | | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Sales Manag | | | Material Handling and C | | trols | |
| ⊢ | Date | Full name of contributor out-of-state PAC (II | | - | Τ | Amount of Contribution (\$) | |
| | 08/24/2024 | Hunn, William Roland | D# | | | | \$5.00 |
| | 0012412024 | | | | - | | ψ0.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Humble, TX 77346-2640 | | | | | |
| ⊢ | Princinal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>ا</u> د) | | |
| | Sales Manaç | | | Material Handling and C | | trols | |
| ╞ | | | | | | | |
| | Date 09/24/2024 | Full name of contributor Dut-of-state PAC (II Hunn, William Roland | D#: |) | | Amount of Contribution (\$) | \$5.00 |
| | 0912412024 | | | | | | φυ.υυ |
| | | Contributor address; City; State; Zip Code | | | | | |
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| | | Humble, TX 77346-2640 | | | | | |
| ┝ | Bringinal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Sales Manag | | | Material Handling and C | | trole | |
| \vdash | Jaies manag | | | שמכוומו ומושוווש מוש כ | -01 | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 38/77 Rpt: 41/115 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Cook, Molly | | | 00086313 |
| 4 Date 07/18/2024 | 5 Full name of contributor out-of-state PAC (ID#: Hunn, Wm 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$10.00 |
| | Humble, TX 77346-2640 | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | ;) |
| product spec | | MHC-CMI | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 08/18/2024 | Hunn, Wm | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Humble, TX 77346-2640 | · · · · · · | |
| | upation / Job title (See Instructions) | Employer (See Instructions | ;) |
| product spec | | MHC-CMI | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/18/2024 | Hunn, Wm | | \$10.00 |
| | Humble, TX 77346-2640 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | ;) |
| product spec | cialist | MHC-CMI | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 08/20/2024 | Hurst, Elizabeth | | \$15.00 |
| | Contributor address; City; State; Zip Code | | |
| | Houston, TX 77019-5727 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) |
| Consultant | | Self | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/17/2024 | Isenberg, Roy | | \$30.00 |
| | Contributor address; City; State; Zip Code | | |
| | Silver Spring, MD 20906-1745 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 39/77 Rpt: 42/115 | |
|----------|----------------|---|--|----------|--|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | |
| | 07/21/2024 | J Kehn, Kathy | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | ł | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005-3029 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/07/2024 | Johnson, Claire | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77080-3819 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Nonprofit Ex | xecutive Director | Doyenne Initiative | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | :) | Γ | Amount of Contribution (\$) | |
| | 08/07/2024 | Johnson, Claire | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | 2 1 1 1 | Houston, TX 77080-3819 | | Ĺ | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | ecutive Director | Doyenne Initiative | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/26/2024 | Johnson, Claire | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77080-3819 | | | | |
| \vdash | Dringing occu | upation / Job title (See Instructions) | Employor (Soo Instructions | <u> </u> | | |
| | | recutive Director | Employer (See Instructions Doyenne Initiative | 5) | | |
| ╘ | • | | - | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀር በብ |
| | 09/07/2024 | Johnson, Claire | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77080-3819 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | ecutive Director | Doyenne Initiative | 5) | | |
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| | The Instru | ction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: Sch: 40/77 Rpt: 43/115 |
|---|--------------------|--|---|--|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Cook, Molly | C. (Ms.) | | 00086313 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (IE | D#:) | 7 Amount of Contribution (\$) |
| | 08/21/2024 | Johnson, Lucy | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | San Marcos, TX 78666-2870 | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions) | s) |
| | Real estate i | investor | Self | |
| | Date | Full name of contributor out-of-state PAC (IE | D#:) | Amount of Contribution (\$) |
| | 08/01/2024 | Julson, Andrea | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77017-2522 | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions) | s) |
| | Project Analy | yst | H2Bravo | |
| | Date | Full name of contributor 🔲 out-of-state PAC (IE | D#:) | Amount of Contribution (\$) |
| | 07/05/2024 | Jurestovsky, Rosann | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Golden, CO 80403-0101 | | <u> </u> |
| | Not Employe | upation / Job title (See Instructions) | Employer (See Instructions) Not Employed | S) |
| | | | | T |
| | Date | Full name of contributor out-of-state PAC (IE | D#:) | Amount of Contribution (\$) |
| | 08/05/2024 | Jurestovsky, Rosann | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Golden, CO 80403-0101 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | c) |
| | Not Employe | | Not Employed | 5) |
| ╞ | | | | |
| | Date 09/05/2024 | Full name of contributor out-of-state PAC (IE Jurestovsky, Rosann |)#:) | Amount of Contribution (\$) \$5.00 |
| | 09/00/2024 | | | ψο.ου |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Golden, CO 80403-0101 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | s) |
| | Not Employe | | Not Employed | -, |
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| SCHEDULE | A1 |
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| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 41/77 Rpt: 44/115 | |
|---|---|--|------------------------------|----------|--|--------------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 08/20/2024 | Kaufman, Karen S. | | | | \$15.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | , |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77098-1888 | | | | |
| Ļ | Dringinglagou | | | | | |
| ð | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/18/2024 | Keeney, Carol | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005-1082 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/25/2024 | Khan, Nida |) | | | \$1,000.00 |
| | 03/23/2024 | | | | | φ <u>1</u> ,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77008-2007 | | | | |
| | Dringing ogg | | Employer (See Instructions | <u> </u> | | |
| | | pation / Job title (See Instructions) | CAMI Energy |) | | |
| | Engineer | | CAIMI Energy | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 07/28/2024 | Kingsley, Grace | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77030-3100 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Registered N | lurse | Houston Methodist Hos | pita | al | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/28/2024 | Kingsley, Grace | | | | \$25.00 |
| | 00,20,2021 | | | | | +20.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston TX 77020 2100 | | | | |
| ⊢ | Dalaciant | Houston, TX 77030-3100 | Freedows (Oser 1, 1, 1) | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | .1 | |
| L | Registered N | านเรย | Houston Methodist Hos | pita | 41 | |
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| SCHEDULE | A1 |
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| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 42/77 Rpt: 45/115 | |
|----------|---|--|------------------------------|---------------------------------------|--|-----------|
| 2 | FILER NAME | FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 07/15/2024 | Klopp, Tonya | | | ., | \$20.00 |
| | 0.,_0, | 6 Contributor address; City; State; Zip Code | | | | T- |
| | l | Contributor address, City, State, Zip Code | | | | |
| | l | | | | | |
| | I | Houston, TX 77007-5040 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> ເ) | | |
| ľ | Not Employe | | Not Employed | '' | | |
| ┝ | | | | _ | Associated Contribution (¢) | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢20.00 |
| | 08/15/2024 | Klopp, Tonya | | | | \$20.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | l | | | | | |
| | I | Lauston TV 77007 5040 | | | | |
| \vdash | Drinsipal acou | Houston, TX 77007-5040 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | — | | |
| | Date | — |) | | Amount of Contribution (\$) | |
| | 09/15/2024 | Klopp, Tonya | | | | \$20.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | l | | | | | |
| | l | | | | | |
| | | Houston, TX 77007-5040 | 1 | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Not Employe | ;d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/15/2024 | Kongable, Felicia | | | | \$12.50 |
| | 1 | Contributor address; City; State; Zip Code | | | | |
| | I | | | | | |
| | I | | | | | |
| | | Portland, OR 97222-8228 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Not Employe | ∋d | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/20/2024 | Kosberg, Robin | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | I | Dallas, TX 75229-6305 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Not Employe | ed | Not Employed | | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this fo | 1 | Total pages Schedule A1: Sch: 43/77 Rpt: 46/115 | | |
|----------|--------------------|---|------------------------------|--|-----------------------------|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/16/2024 | Kosobud, Terry | | | · · · | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78749-1161 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Not Employe | | Not Employed | , | | |
| ╞ | Date | | | — | Amount of Contribution (\$) | |
| | Dale 07/13/2024 | | / [| | Amount of Contribution (\$) | \$250.00 |
| | | | | | Φ200.00 | |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77098-1000 | | | | |
| ┝ | Drincinal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Physician | | BCM | J | | |
| ╞ | | | | — | | |
| | Date | — |) | | Amount of Contribution (\$) | ÷ 00 |
| | 08/13/2024 | Kowalchuk, Alicia Ann | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
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| L | | Houston, TX 77098-1000 | | Ļ | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| L | Physician | | BCM | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/13/2024 | Kowalchuk, Alicia Ann | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | 1 | | | |
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| | | Houston, TX 77098-1000 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Physician | ļ | BCM | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/14/2024 | Kozma, Andrew | ! | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77019-5431 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Adjunct Prof | | University of Houston | | | |
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| | The Instru | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 44/77 Rpt: 47/115 | |
|----------|--|---|------------------------------|--------------|--|----------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | , | | 00086313 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/20/2024 | Kozma, Andrew | | | · · · | \$10.00 |
| | I | 6 Contributor address; City; State; Zip Code | | | | |
| | I | | , | | | |
| | l | 1 | ł | | | |
| | I | Houston, TX 77019-5431 | , | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Adjunct Profe | | University of Houston | - | | |
| ⊢ | Date | Date Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | |
| | 08/15/2024 Kusin, Betsy | | | | \$25.00 | |
| | Contributor address; City; State; Zip Code | | · | | + | |
| | l | Continuation address, Gity, State, Zip Code | ł | | | |
| | I | 1 | ļ | | | |
| | I | Houston, TX 77096-5843 | , | | | |
| ⊢ | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | ⊥ s) | | |
| | Manager | | Baylor College of Medic | | ý. | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Τ | Amount of Contribution (\$) | |
| | 07/15/2024 | Lancaster, Ann-Marie | / | | | \$10.00 |
| | UTIIOILUL . | Contributor address; City; State; Zip Code | | - | | Ψ±0.05 |
| | l | Contributor address, City, State, Zip Couc | ł | | | |
| | l | 1 | ł | | | |
| | l | Sheboygan, WI 53081-2901 | ł | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | L s) | | |
| | IT Consultan | | WTC Consulting Inc. | -, | | |
| ⊢ | Date | | | — | Amount of Contribution (\$) | |
| | Dale 08/15/2024 | |) | | | \$10.00 |
| | 00/13/2024 | Lancaster, Ann-Marie | | | | Φ10.00 |
| | l | Contributor address; City; State; Zip Code | ł | | | |
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| | l | Sheboygan, WI 53081-2901 | ł | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ر) ا | | |
| | IT Consultan | | WTC Consulting Inc. | 5) | | |
| ╞ | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | * 10.00 |
| | 09/15/2024 | Lancaster, Ann-Marie | | | | \$10.00 |
| | I | Contributor address; City; State; Zip Code | , | | | |
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| | D i sizzi eeu | Sheboygan, WI 53081-2901 | | ŕ | | |
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| | IT Consultan | .t | WTC Consulting Inc. | | | |
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| 6 Contributor address; City; State; Zip Code The Villages, FL 32162-1131 The Villages, FL 32162-1131 8 Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed | lers) \$35.00 |
|--|------------------|
| Cook, Molly C. (Ms.) 00086313 4 Date 5 09/19/2024 5 Landry, Patricia Landry, Patricia 6 Contributor address; City; State; Zip Code The Villages, FL 32162-1131 8 Principal occurion / Job title (See Instructions) Not Employed 9 Employed | - |
| Cook, Molly C. (Ms.) 00086313 4 Date 5 09/19/2024 5 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 7 The Villages, FL 32162-1131 8 Principal occuration / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed | - |
| 09/19/2024 Landry, Patricia 6 Contributor address; City; State; Zip Code The Villages, FL 32162-1131 8 Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed | \$35.00 |
| 09/19/2024 Landry, Patricia 6 Contributor address; City; State; Zip Code The Villages, FL 32162-1131 8 Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed | \$35.00 |
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| Not Employed Not Employed | |
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| Date Full name of contributor and state DAC (ID) | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 07/01/2024 Lefforge, Nan | \$5.00 |
| Contributor address; City; State; Zip Code | |
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| | |
| Houston, TX 77079-7331 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Psychotherapist Self | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 07/12/2024 Lefforge, Nan | \$5.00 |
| Contributor address; City; State; Zip Code | |
| | |
| Houston, TX 77079-7331 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Psychotherapist Self | |
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| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| | ቀር በበ |
| 08/01/2024 Lefforge, Nan | \$5.00 |
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| 08/01/2024 Lefforge, Nan | \$5.00 |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code | \$5.00 |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 | \$5.00 |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code | \$5.00 |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Employer (See Instructions) Self | \$5.00 |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor 08/12/2024 Lefforge, Nan | \$5.00 |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor 08/12/2024 Lefforge, Nan | |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor 08/12/2024 Lefforge, Nan | |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor 08/12/2024 Lefforge, Nan Contributor address; City; State; Zip Code | |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor 08/12/2024 Lefforge, Nan Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77079-7331 | |
| 08/01/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Psychotherapist Date Full name of contributor 08/12/2024 Lefforge, Nan Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Employer (See Instructions) Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 46/77 Rpt: 49/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/01/2024 Lefforge, Nan 6 Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Psychotherapist Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/12/2024 Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079-7331 Principal occupation / Job title (See Instructions) Employer (See Instructions) Psychotherapist Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/18/2024 Legerski, Randy Contributor address; City; State; Zip Code Houston, TX 77005-3555 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/04/2024 Lemmond, Byron Contributor address; City; State; Zip Code Katy, TX 77449-7504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/04/2024 Lemmond, Byron Contributor address; City; State; Zip Code Katy, TX 77449-7504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

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| SCHEDULE | A1 |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 47/77 Rpt: 50/115 | |
|-------------------|---|--|---------------------|--|-----------|
| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| Cook, Molly C | C. (Ms.) | | | 00086313 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| 09/04/2024 | Lemmond, Byron | | | | \$7.00 |
| ŀ | 6 Contributor address; City; State; Zip Code | | ł | | |
| | • • • • • • • • • • • • • • • • • • • | | | | |
| | | | | | |
| | Katy, TX 77449-7504 | | | | |
| 8 Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u>.</u> 3) | | |
| Not Employed | d | Not Employed | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 07/27/2024 | Levy, Alene Ross | | | | \$25.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77025-2112 | | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| attorney | | self | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 08/08/2024 | 08/08/2024 Levy, Alene Ross | | | | \$25.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77025-2112 | | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| attorney | | self | — | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | _ |
| 09/13/2024 | Lewis, Evan | | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | 11 | | | | |
| Dringing agour | Houston, TX 77007-7493 | Employer (Cool Instructions | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions Winston & Strawn LLP | 3) | | |
| Attorney | | WINSIUN & Shawn LLF | — | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ±0.00 |
| 07/04/2024 | Locke, Debra | | | | \$2.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Brentwood, TN 37027-5728 | | | | |
| Bringinal occur | bientwood, TN 37027-3728 pation / Job title (See Instructions) | Employer (See Instructions | $\overline{\Gamma}$ | | |
| Not Employed | | Not Employed | 5) | | |
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| SCHEDULE | A1 |
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| | The Instruc | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 48/77 Rpt: 51/115 | | |
|----------|----------------------------------|--|------------------------------|--|---------------------------------------|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 08/04/2024 | Locke, Debra | | | · · · · · · · · · · · · · · · · · · · | \$2.00 |
| | ••••• | 6 Contributor address; City; State; Zip Code | | | | Ŧ - |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Brentwood, TN 37027-5728 | | | | |
| 8 | Principal occu | I pation / Job title (See Instructions) | 9 Employer (See Instructions | 1 5) | | |
| | Not Employe | | Not Employed | | | |
| ⊢ | Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| | 09/04/2024 Locke, Debra | | | Allount of Contribution (+) | \$2.00 | |
| | 00/0 1/202 | Contributor address; City; State; Zip Code | | | | ¥2.00 |
| | | Culturbulur auuress, City, State, Zip Code | | | | |
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| | | Brentwood, TN 37027-5728 | | | | |
| \vdash | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | 1 5) | | |
| | Not Employe | | Not Employed | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/15/2024 Lomax, Nancy Robinson | | | | \$20.00 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77025-3535 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not employe | d | Not employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/15/2024 | Lomax, Nancy Robinson | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
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| | | Houston, TX 77025-3535 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not employe | d | Not employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/15/2024 | Lomax, Nancy Robinson | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77025-3535 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not employe | d | Not employed | | | |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 49/77 Rpt: 52/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 07/19/2024 | Loo, Anne | | | | \$200.00 |
| | | 6 Contributor address; City; State; Zip Code | | ł | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77006-4516 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Investment N | <i>N</i> anager | Self | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Ι | Amount of Contribution (\$) | |
| | 07/21/2024 | Malik, Semra | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77009-2961 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Director | | OneGoal | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/16/2024 | Mallette, Larry | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | | | | | |
| | <u> </u> | Houston, TX 77030-1206 | | Ĺ | | |
| | Principal occu Musician | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | self employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/05/2024 | Matthews, Jack | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Lewisville, TX 75057-3866 | | | | |
| _ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | Developer | | Matthew SW/Matthew H | | linas | |
| ╞ | | | | | | |
| | Date 07/12/2024 | Full name of contributor out-of-state PAC (ID#: May, George C |) | | Amount of Contribution (\$) | \$6.00 |
| | 0111212024 | | | | | φ0.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Colorado Springs, CO 80918-4107 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Electrical En | | Boeing Space Exploration | | | |
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| | The Instru | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 50/77 Rpt: 53/115 | |
|----------|---------------------------------|--|--|----------------|--|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 08/12/2024 | May, George C | | | | \$6.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
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| Ļ | D 1 start see | Colorado Springs, CO 80918-4107 | | Ĺ | | |
| 8 | Principal occu Electrical En | pation / Job title (See Instructions) | 9 Employer (See Instructions Boeing Space Exploration | | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ±0.00 |
| | 09/12/2024 | May, George C | | | | \$6.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Colorado Springs, CO 80918-4107 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Electrical En | | Boeing Space Exploration | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | <u> </u>) | Τ | Amount of Contribution (\$) | |
| | 08/11/2024 | Mcauliffe, Keith | / | | , | \$50.00 |
| | | Contributor address; City; State; Zip Code | | · | | |
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| | | | | | | |
| | | Bellaire, TX 77401-4210 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Engineer | | Hewlett Packard Enterp | orise | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/20/2024 | Mcelroy, Jim | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78757-2538 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Financial An | | Health and Human Svcs | | ept | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ | | T | Amount of Contribution (\$) | |
| | 07/29/2024 | Mcguinness, William | J | | | \$50.00 |
| | 01/20/212 | Contributor address; City; State; Zip Code | | · | | 400 |
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| | | | | | | |
| | | Houston, TX 77006-3470 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Director | | Harris Co OMB | | | |
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| | The Instruc | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 51/77 Rpt: 54/115 | | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/20/2024 | Mcguire, Mary | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77074-7739 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Not Employe | | Not Employed | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/26/2024 | Mcmillin, Joan | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Sioux Falls, SD 57105-6756 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | Not Employe | | Not Employed | 3) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | Т | Amount of Contribution (\$) | |
| | 07/27/2024 | Michon, Nancy | | | | \$10.00 |
| | 011211202 | Contributor address; City; State; Zip Code | | - | | Ψ10.00 |
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| | | Houston, TX 77092-1013 | | | | |
| | - | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Graphic Des | igner | Stewart Title | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/26/2024 | Michon, Nancy | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Universities TV 77002 1012 | | | | |
| | Drizoinal oppu | Houston, TX 77092-1013 | | <u> </u> | | |
| | Graphic Des | ipation / Job title (See Instructions) | Employer (See Instructions Stewart Title | S) | | |
| ╞ | - | | | T | 1 | |
| | Date 07/21/2024 | Full name of contributor out-of-state PAC (ID#: Miller, Patrick |) | | Amount of Contribution (\$) | \$50.00 |
| | 0112112024 | | | | | Φ <u></u> ΟΟ.ΟΟ |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77003-3912 | | | | |
| ⊢ | Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Research At | torney | Bracewell | | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 52/77 Rpt: 55/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 09/10/2024 | Minesinger, David | | | | \$5.00 |
| | ļ | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
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| | ļ | Desoto, TX 75115-4143 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions) | ;) | | |
| | Not Employe | }d l | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/31/2024 | Murison, Patricia | | | | \$25.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77009-6058 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ـــــــــــــــــــــــــــــــــــــ | | |
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| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/27/2024 | Narcisse, Jude | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | ļ | | | | | |
| | | Pearland, TX 77584-2529 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | <u>ا</u> ن) | | |
| | Not Employe | ed l | Not Employed | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 09/02/2024 | Neal, Christopher | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | • |
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| | ļ | Houston, TX 77019-1938 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | 上 5) | | |
| | musician | i li | Houston Symphony | | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/15/2024 | Nelsen, Lisa | | | · · · · · · · · · · · · · · · · · · · | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77007-5325 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | 上 5) | | |
| | Lawyer | | Texas Southern Univers | | | |
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| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 53/77 Rpt: 56/115 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| Cook, Molly | 7 C. (Ms.) | | 00086313 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 07/30/2024 | Nelsen, Lisa | | \$25. | .00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Houston, TX 77007-5325 | | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| Lawyer | | Texas Southern Univers | ity | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 08/15/2024 | Nelsen, Lisa | | \$25. | .00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Houston, TX 77007-5325 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
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| Date | |) | Amount of Contribution (\$) | |
| 08/30/2024 | Nelsen, Lisa | | \$25. | .00 |
| | Contributor address; City; State; Zip Code | | | |
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| Lawyer | upation / Job title (See Instructions) | Texas Southern Univers | · | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | ~~ |
| 09/15/2024 | Nelsen, Lisa | | \$25. | .00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Houston, TX 77007-5325 | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Lawyer | | Texas Southern Univers | | |
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| Date 07/31/2024 | Full name of contributor out-of-state PAC (ID#: Noriega, Melissa |) | Amount of Contribution (\$) \$40. | 00 |
| 07/31/2024 | | | Φ40. | .00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Houston, TX 77023-3024 | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | l | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 54/77 Rpt: 57/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/20/2024 Noriega, Melissa \$100.00 6 Contributor address; City; State; Zip Code Houston, TX 77023-3024 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Consultant Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/13/2024 \$100.00 Ohrt, Frank Contributor address; City; State; Zip Code Houston, TX 77018-2209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/26/2024 Overton, David \$250.00 Contributor address; City; State; Zip Code Austin, TX 78723-5445 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Opus Faveo Innovation Development** Partner Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 07/21/2024 \$50.00 Owen, Patricia Contributor address; City; State; Zip Code Houston, TX 77005-2939 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/21/2024 \$25.00 Paget, Anne Contributor address; City; State; Zip Code Houston, TX 77009-1490 Principal occupation / Job title (See Instructions) Employer (See Instructions) Librarian Houston Community College

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 55/77 Rpt: 58/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 07/26/2024 | Pagni, Jean | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Reno, NV 89503-2850 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/23/2024 | Pagni, Jean | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
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| | Dringinal occu | Reno, NV 89503-2850 | Employer (Soo Instructions | <u> </u> | | |
| | Not Employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed | 5) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢10.00 |
| | 09/21/2024 | | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Reno, NV 89503-2850 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | ed . | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/24/2024 | Perez, Elizabeth | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | | | | | |
| | | Austin, TX 78745-1018 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Art Assistant | : | Picrow Streaming - PAN | VIC | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/24/2024 | Perez, Elizabeth | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Art Assistant | · | Picrow Streaming - PAN | | | |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 56/77 Rpt: 59/115 |
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| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Cook, Molly C. (Ms.) | 00086313 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of Contribution (\$) |
| 09/24/2024 Perez, Elizabeth | \$20.00 |
| 6 Contributor address; City; State; Zip Code | |
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| | |
| Austin, TX 78745-1018 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction | is) |
| Art Assistant Picrow Streaming - PA | NIC |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 08/29/2024 Pham, Hiep | \$25.00 |
| Contributor address; City; State; Zip Code | |
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| | |
| Houston, TX 77079-3235 | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | ls) |
| Pharmacist TCH | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 07/10/2024 Phillips, Isaac | \$25.00 |
| Contributor address; City; State; Zip Code | |
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| | |
| Houston, TX 77023-1348 | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | is) |
| Developer Grid United LLC | · |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 08/10/2024 Phillips, Isaac | \$25.00 |
| Contributor address; City; State; Zip Code | |
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| Houston, TX 77023-1348 | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | |
| Developer Grid United LLC | |
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| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 09/10/2024 Phillips, Isaac | \$25.00 |
| Contributor address; City; State; Zip Code | |
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| Houston. TX 77023-1348 | |
| Houston, TX 77023-1348 Principal occupation / Job title (See Instructions) Employer (See Instruction | (a) |
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| Principal occupation / Job title (See Instructions) Employer (See Instruction | ls) |

| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 57/77 Rpt: 60/115 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 08/31/2024 | Pinnelli, Janis W | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | ł | | |
| | | | | | | |
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| | | Austin, TX 78763-0038 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Accountant | | J Pinnelli Company LLC |) | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/22/2024 | Poitras, Sandra | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Rosemount, MN 55068-3581 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/04/2024 | Popham, Jay | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | | | | | |
| | | Austin, TX 78744-4510 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Editor | | Choice Magazine Listen | ning |] | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/04/2024 | Popham, Jay | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | D : : | Austin, TX 78744-4510 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | - | |
| | Editor | | Choice Magazine Listen | , IIIIí | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/04/2024 | Popham, Jay | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Austin, TX 78744-4510 | | | | |
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| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 58/77 Rpt: 61/115 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID |) | 7 | Amount of Contribution (\$) | |
| | 08/24/2024 | Portugal, David | | | | \$50.00 |
| | | 6 Contributor address; City; State; Zip Code | | · | | |
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| | | | | | | |
| | | Bellaire, TX 77401-3708 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Physician | | Memorial Hermann | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID |)#: | Т | Amount of Contribution (\$) | |
| | 07/29/2024 | Presler, Renita | | | | \$50.00 |
| | | | | · | | |
| | | | | | | |
| | | | | | | |
| | | Indiantown, FL 34956-3543 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not employe | | Not employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID |) | Т | Amount of Contribution (\$) | |
| | 09/06/2024 | Public Blueprint LLC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | · | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78701-2522 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
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| | Date | Full name of contributor out-of-state PAC (ID |) | Т | Amount of Contribution (\$) | |
| | 09/12/2024 | Quaintance, Don | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | · | | |
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| | | | | | | |
| | | Houston, TX 77006-5073 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Graphic Des | ign | Public Address | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID |)# [.]) | Т | Amount of Contribution (\$) | |
| | 09/15/2024 | Quaintance, Don | ····, | | (*) | \$25.00 |
| | | Contributor address; City; State; Zip Code | | · | | , |
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| | | Houston, TX 77006-5073 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
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| | The Instruction Guide explains how to complete this form. 1 | | | | Total pages Schedule A1: Sch: 59/77 Rpt: 62/115 | |
|---|---|--|---|----|--|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 09/20/2024 | Quaintance, Don | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77006-5073 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Graphic Des | ign | Public Address | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/18/2024 | Quick, Linda | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77019-5917 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | N/A | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/31/2024 | Ramsey, Judy | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Pasadena, TX 77505-4218 | i | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | agent | | State Farm Insurance | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 08/08/2024 | Raskin, David | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77006-4752 | · | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Associate Pr | | University of Houston | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/11/2024 | Raskin, David | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Liouston TX 77006 4752 | | | | |
| | Dringinglassy | Houston, TX 77006-4752 | | | | |
| | Associate Pr | pation / Job title (See Instructions) | Employer (See Instructions University of Houston | 5) | | |
| | ASSOCIATE PI | 0185501 | | | | |
| | | | | | | |

| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 60/77 Rpt: 63/115 | |
|----------|--|--|------------------------------|----------------|--|----------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| Ľ | 07/28/2024 | Rayner, Rob |) | Ľ | | \$100.00 |
| | 01720/2021 | 6 Contributor address; City; State; Zip Code | | | | \$100.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Pflugerville, TX 78660-2571 | | | | |
| 8 | Principal occu | | 9 Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | , | | |
| ⊨ | | | | <u> </u> | Amount of Contribution (¢) | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | <u>ቀ100 00</u> |
| | 08/30/2024 | Rayner, Rob | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Pflugerville, TX 78660-2571 | | | | |
| \vdash | Drinsipal acqu | | Eventer (Coo Instructions | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | | | |
| | Date | — |) | | Amount of Contribution (\$) | |
| | 09/05/2024 | Reichek, Jennifer | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77007-7201 | <u> </u> | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/30/2024 | Reilly, Anthony | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77007-1712 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Education | | HCC | | | |
| ⊢ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/31/2024 | Rochen, Shari Dawn | | | • • | \$100.00 |
| | Contributor address; City; State; Zip Code | | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005-2413 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Physician | | Veteran?s Health Admir | | tration | |
| \vdash | | | | | | |
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| The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 61/77 Rpt: 64/115 2 FILER NAME Cook, Molly C. (Ms.) 3 Filer ID (Ethics Commissi 00086313 4 Date 07/21/2024 5 Full name of contributor out-of-state PAC (ID#:) Rodriguez, Isaiah | on Filers) |
|--|------------|
| Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 07/21/2024 Rodriguez, Isaiah 7 Amount of Contribution (\$) | on Filers) |
| Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 07/21/2024 Rodriguez, Isaiah 7 Amount of Contribution (\$) | |
| 07/21/2024 Rodriguez, Isaiah | |
| | |
| | \$5.00 |
| 6 Contributor address; City; State; Zip Code | |
| | |
| | |
| Houston, TX 77002-7661 | |
| 8Principal occupation / Job title (See Instructions)9Employer (See Instructions) | |
| Senior Digital Strategist Mandate Media | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 08/09/2024 Rodriguez, Isaiah | \$15.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Houston, TX 77002-7661 | |
| Principal occupation / Job title (See Instructions)Employer (See Instructions)Senior Digital StrategistMandate Media | |
| | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 09/09/2024 Rodriguez, Isaiah | \$15.00 |
| Contributor address; City; State; Zip Code | |
| | |
| Houston, TX 77002-7661 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Senior Digital Strategist Mandate Media | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 09/20/2024 Ross, Carmen | \$25.00 |
| Contributor address; City; State; Zip Code | +_0.00 |
| | |
| | |
| Bradenton, FL 34209-5815 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Technology consultant Wipfli Ilp | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 09/04/2024 Rowland, John | \$3.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| | |
| Frederick, MD 21701-3023 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| | |

| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 62/77 Rpt: 65/115 |
|------------------|--|------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Cook, Molly | C. (Ms.) | | 00086313 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 09/18/2024 | | | \$50. |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Cypress, TX 77433-2185 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | \$) |
| Project man | ager | Fidelity National Informa | ation Services |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 08/12/2024 | Rudolph, Linda | | \$5. |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77080-3823 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | \$) |
| massage the | erapist | self | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/11/2024 | Rudolph, Linda | | \$5. |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77080-3823 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| massage the | erapist | self | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| 09/22/2024 | Ruthven, Les | | \$100. |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77009-7229 | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Software De | veloper | Shell | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 07/30/2024 | Sakellarides, Adam | | \$7. |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Pasadena, CA 91106-2913 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | \$) |
| Motion Grap | phics Designer | Self | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 63/77 Rpt: 66/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/30/2024 Sakellarides, Adam \$7.00 6 Contributor address; City; State; Zip Code Pasadena, CA 91106-2913 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Motion Graphics Designer Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/15/2024 Samandari, Sudy \$25.00 Contributor address; City; State; Zip Code Houston, TX 77030-1825 Principal occupation / Job title (See Instructions) Employer (See Instructions) President On Sunset Boulevard Inc Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/17/2024 Sanders, Paula \$15.00 Contributor address; City; State; Zip Code Houston, TX 77025-4611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor **Rice University** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/01/2024 \$50.00 Sanders, Vincent Contributor address; City; State; Zip Code Houston, TX 77071-1519 Principal occupation / Job title (See Instructions) Employer (See Instructions) Systems Planner Houston METRO Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/26/2024 \$10.00 Schriber, William Contributor address; City; State; Zip Code Houston, TX 77005-3337 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 64/77 Rpt: 67/115 | |
|---|--------------------|--|--|----------------|--|---------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/31/2024 | Schriber, William | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005-3337 | | Ĺ | | |
| 8 | | · · · | 9 Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/10/2024 | Schultz, Mary Emily | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77009-4438 | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> יו | | |
| | Not Employe | | Not Employed | " | | |
| ╞ | Date | | | <u> </u> | Amount of Contribution (\$) | |
| | Date 08/21/2024 | Full name of contributor out-of-state PAC (ID#: Schultz, Mary Emily |) | | | \$25.00 |
| | 00/21/2024 | Contributor address; City; State; Zip Code | | | | Ψ20.00 |
| | | Continuator address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77009-4438 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/21/2024 | Schultz, Mary Emily | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77009-4438 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/17/2024 | Schuster, Phyllis | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Duidasa NM 98245-6055 | | | | |
| ┝ | Dringingloggy | Ruidoso, NM 88345-6055 | Employer (Cap Instructions | | | |
| | Not Employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed | 5) | | |
| | | u | Not Employed | | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 65/77 Rpt: 68/115 | |
|---|----------------|--|------------------------------|----|--|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | - |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID# | | 7 | Amount of Contribution (\$) | |
| | 09/17/2024 | Schuster, Phyllis | | | | \$200.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Ruidoso, NM 88345-6055 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ed . | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID# | • :) | | Amount of Contribution (\$) | |
| | 08/24/2024 | Schwab, Cathy | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Dallas, TX 75252-4937 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Owner | | Self | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID# | t:) | Γ | Amount of Contribution (\$) | |
| | 08/18/2024 | Seilheimer, Dan | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Bellaire, TX 77401-5117 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | retired | | retired | | | |
| F | Date | Full name of contributor out-of-state PAC (ID# | • :) | | Amount of Contribution (\$) | |
| | 09/01/2024 | Shain, Paul | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77006-5104 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Artist | | Paul Shain Art LLC | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | • • | Γ | Amount of Contribution (\$) | |
| | 08/20/2024 | Shaw, Kathy | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005-3635 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed . | Not Employed | | | |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 66/77 Rpt: 69/115 | |
|---|----------------|--|------------------------------|----|--|---------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 07/09/2024 | Shevlin, Josiah | | | | \$10.00 |
| | ļ | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Quincy, MA 02170-2612 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Rehabilitatio | n counselor | Scfmhc | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/16/2024 | Shirley, Charles | | | | \$20.00 |
| | ł | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | ļ | Houston, TX 77007-1715 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Computer So | zientist | Finastra | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/16/2024 | Shirley, Charles | | | | \$20.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | | | | | | |
| | ļ | Houston, TX 77007-1715 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Computer So | zientist | Finastra | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/16/2024 | Shirley, Charles | | | | \$20.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | ļ | Houston, TX 77007-1715 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Computer So | zientist | Finastra | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/20/2024 | Shook, Beth | | | | \$50.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | ļ | Houston, TX 77006-2146 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Software eng | jineer | Rice University | | | |
| ⊢ | | | | | | |
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| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 67/77 Rpt: 70/115 | | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | Cook, Molly | Cook, Molly C. (Ms.) | | | 00086313 | ŕ | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | | |
| | 07/29/2024 | Siemers-Kennedy, Laura | | | | \$5.00 | |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | | |
| | I | | | | | | |
| | I | | | | | | |
| | | Houston, TX 77019-4318 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | S) | | | |
| | Engineer | | Mott MacDonald | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | | |
| | 08/29/2024 | Siemers-Kennedy, Laura | | | | \$5.00 | |
| | I | Contributor address; City; State; Zip Code | | 1 | | | |
| | I | | | | | | |
| | I | | | | | | |
| | | Houston, TX 77019-4318 | | Ĺ | | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | s) | | | |
| | Engineer | | Mott MacDonald | _ | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | | |
| | 09/21/2024 | Singh, Saloni | |] | | \$25.00 | |
| | I | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | El Cerrito, CA 94530-1710 | | | | | |
| ┝ | Bringinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | | |
| | Physician | | California Department o | | tate Hospitals | | |
| ╞ | - | | | <u></u> | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 | |
| | 08/21/2024 Slack, Kenneth | | | | | \$100.00 | |
| | Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | Dallas, TX 75243-7547 | | | | | |
| ⊢ | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | | |
| | Not Employe | | Not Employed | , | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ | | Г | Amount of Contribution (\$) | | |
| | 07/21/2024 | Slavik, Alina | / | | (1) | \$5.00 | |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77004-1254 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | | |
| Content Production | | Rice University | | | | | |
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| 6 Contributor address; City; State; Zip Code Houston, TX 77006-4652 Houston, TX 77006-4652 8 Principal occupation / Job title (See Instructions) Real Estate Broker 9 Employer (See Instructions) Self-Employed Date Full name of contributor I out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2024 Full name of contributor I out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2024 Full name of contributor I out-of-state PAC (ID#: Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Date Full name of contributor I out-of-state PAC (ID#: Out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2024 Full name of contributor I out-of-state PAC (ID#: Amount of Contribution (\$) \$2.0 08/30/2024 Full name of contributor I out-of-state PAC (ID#: Amount of Contribution (\$) \$2.0 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed \$2.0 Date Full name of contributor Out-of-state PAC (ID#: Not Employed \$2.0 Principal occupation / Job title (See Instructions) Not Employed Employed Amount of C | | | | |
|--|---|--|-------------------------------|---------------------------------------|
| Cook, Molly C. (Ms.) 00086313 4 Date 5 Full name of contributor out-of-state PAC (D#: | The Instruction Guide explains how to complete this form. | | | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| 09/20/2024 Smith, Michael \$10.0 6 Contributor address; City, State; Zip Code \$10.0 7 Houston, TX 77006-4652 9 Employer (See Instructions) Self-Employed 8 Principal occupation / Job title (See Instructions) Real Estate Broker 9 Employer (See Instructions) Self-Employed 08/21/2024 Smith, William J out-of-state PAC (Der) Amount of Contribution (\$) 08/21/2024 Smith, William J Contributor address; City, State; Zip Code Amount of Contribution (\$) 9 Frincipal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) 98/30/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 08/30/2024 Smith, William J contributor address; City, State; Zip Code Amount of Contribution (\$) 98/30/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 98/30/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 99/19/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$2.0 09/ | Cook, Molly (| C. (Ms.) | | 00086313 |
| 09/20/2024 Smith, Michael | 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 6 Contributor address; City; State; Zip Code Houston, TX 77006-4652 8 Principal occupation / Job title (See Instructions) Real Estate Broker 9 Employer (See Instructions) Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2024 Smith, William J Employer (See Instructions) Not Employed Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) 08/30/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2024 Smith, William J Contributor address; City; State; Zip Code Amount of Contribution (\$) 08/30/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) | 09/20/2024 | | | \$10.00 |
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| 8 Principal occupation / Job title (See Instructions) Real Estate Broker 9 Employer (See Instructions) Self-Employed Date 08/21/2024 Full name of contributor out-of-state PAC (IDF:) Contributor address; City; State; Zip Code Amount of Contribution (\$) S5.0 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) S2.0 Date 08/30/2024 Full name of contributor out-of-state PAC (IDF:) Contributor address; City; State; Zip Code Amount of Contribution (\$) Not Employed Date 08/30/2024 Full name of contributor out-of-state PAC (IDF:) Contributor address; City; State; Zip Code Amount of Contribution (\$) S2.0 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) S2.0 Date 09/19/2024 Full name of contributor out-of-state PAC (IDF:) Contributor address; City; State; Zip Code Amount of Contribution (\$) S2.0 09/19/2024 Smith, William J Contributor address; City; State; Zip Code Amount of Contribution (\$) S2.0 Principal occupation / Job title (See Instructions) Not Employed Amount of Contribution (\$) S2.0 Principal occupation / Job title (See Instructions) Not Employed Amount of Contribution (\$) S2.0 Principal occupation / Job title (See Instructions) Not Empl | | | | |
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| Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 08/21/2024 Smith, William J | 8 Principal occup | Dation / Job title (See Instructions) | 9 Employer (See Instructions) | 3) |
| 08/21/2024 Smith, William J | Real Estate E | 3roker | Self-Employed | |
| Contributor address; City; State; Zip Code Houston, TX 77008-3914 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID# | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| Contributor address; City; State; Zip Code Houston, TX 77008-3914 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributorout-of-state PAC (ID#:) Smith, William J Amount of Contribution (\$) Smith, William J Contributor address; City; State; Zip Code Houston, TX 77008-3914 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributorout-f-state PAC (ID#:) Contributor address; City; State; Zip Code Date Full name of contributorout-f-state PAC (ID#:) Smith, William J Amount of Contribution (\$) Scontributor address; City; State; Zip Code Date Full name of contributorout-f-state PAC (ID#:) Houston, TX 77008-3914 Amount of Contribution (\$) Scontributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Scontributor | 08/21/2024 | Smith, William J | | \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Smith, William J Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contributions) Houston, TX 77008-3914 Employer (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/19/2024 Smith, William J out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/13/2024 SoRelle, Paul \$50.0 | | Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#;) 08/30/2024 Smith, William J | | | | |
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| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2024 Smith, William J \$2.0 08/30/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code \$2.0 Houston, TX 77008-3914 Employer (See Instructions) \$2.0 Not Employed Smith, William J Not Employed Date Full name of contributor out-of-state PAC (ID#:) 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) 09/19/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2.0 Not Employed Houston, TX 77008-3914 Full name of contributor \$2.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2.0 Not Employed Not Employed Amount of Contribution (\$) \$2.0 Date Full name of contributor out-of-state PAC (ID#: | | | | |
| 08/30/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code Houston, TX 77008-3914 \$2.0 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77008-3914 \$2.0 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Not Employed Date Full name of contributor out-of-state PAC (ID#:) O7/13/2024 SoRelle, Paul out-of-state PAC (ID#:) | Not Employee | d | Not Employed | |
| Contributor address; City; State; Zip Code Houston, TX 77008-3914 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Smith, William J Amount of Contribution (\$) 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77008-3914 Employer (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Not Employed Date Full name of contributor out-of-state PAC (ID#:) SoRelle, Paul Amount of Contribution (\$) | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| Contributor address; City; State; Zip Code Houston, TX 77008-3914 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Smith, William J Amount of Contribution (\$) 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77008-3914 \$2.0 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Not Employed Date Full name of contributor out-of-state PAC (ID#:) SoRelle, Paul Amount of Contribution (\$) | 08/30/2024 | | | \$2.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77008-3914 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor 07/13/2024 Full name of contributor 07/13/2024 SoRelle, Paul | ĺ | | | |
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| Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77008-3914 Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor 07/13/2024 SoRelle, Paul | | | | <u> </u> |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code \$2.0 Houston, TX 77008-3914 Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor (\$) SoRelle, Paul Amount of Contribution (\$) | | | | ;) |
| 09/19/2024 Smith, William J \$2.0 Contributor address; City; State; Zip Code \$2.0 Houston, TX 77008-3914 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/13/2024 SoRelle, Paul \$50.0 | | | | |
| Contributor address; City; State; Zip Code Houston, TX 77008-3914 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) SoRelle, Paul Amount of Contribution (\$) \$50.0 | | |) | |
| Houston, TX 77008-3914 Employer (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) O7/13/2024 Amount of Contribution (\$) \$50.0 | 09/19/2024 | | | \$2.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 07/13/2024 SoRelle, Paul \$50.0 | | Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 07/13/2024 SoRelle, Paul \$50.0 | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 07/13/2024 SoRelle, Paul \$50.0 | | Houston TX 77008-3914 | | |
| Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/13/2024 SoRelle, Paul \$50.0 | Principal occur | | Employer (See Instructions) | <u> </u> |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/13/2024 SoRelle, Paul \$50.0 | | | | ' |
| 07/13/2024 SoRelle, Paul \$50.0 | | | · · · | Amount of Contribution (\$) |
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| Continuator address, City, State, Zip Code | 01110/2024 | | | |
| | | Contributor address, City, State, Zip Code | | |
| | | | | |
| Houston, TX 77035-2428 | | Houston, TX 77035-2428 | | |
| | Principal occur | | Employer (See Instructions) | <u> </u> ;) |
| | Retired | | Retired | , |
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| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 69/77 Rpt: 72/115 | |
|---|---|---|-----------------------------|-----|--|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/13/2024 | SoRelle, Paul | | | | \$50.00 |
| | ļ | 6 Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
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| | ļ | Houston, TX 77035-2428 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruction | ıs) | | |
| | Retired | | Retired | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | Т | Amount of Contribution (\$) | |
| | 09/13/2024 | SoRelle, Paul | | | | \$50.00 |
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| | | Houston, TX 77035-2428 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ıs) | | |
| | Retired | | Retired | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: | · :) | Τ | Amount of Contribution (\$) | |
| | 08/22/2024 | Soli, Victoria | | | | \$5.00 |
| | ł | Contributor address; City; State; Zip Code | | " | | |
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| | ļ | | | | | |
| | | Houston, TX 77025-3022 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instruction | าร) | | |
| | Teacher | | HISD | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | :) | Τ | Amount of Contribution (\$) | |
| | 09/18/2024 | Sparvero, Scott | | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | " | | |
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| | | | | | | |
| | Houston, TX 77019-1509 | | | | | |
| | - | pation / Job title (See Instructions) | Employer (See Instruction | าร) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/31/2024 | Sponberg, Edward T. | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | ļ | Usuatas TV 77001 7401 | | | | |
| | Duin air al a an | Houston, TX 77081-7421 | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | | | ıs) | | | |
| Not Employed Not Employed | | | | | | |
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| | The Instruc | ction Guide explains how to complete this | 1 | Total pages Schedule A1: Sch: 70/77 Rpt: 73/115 | | |
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| 2 | FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | Cook, Molly | C. (Ms.) | | | 00086313 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: | :) | 7 | Amount of Contribution (\$) | |
| | 08/08/2024 | Stafford, Frank | | | | \$50.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Boerne, TX 78006-5945 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ;d | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | :) | | Amount of Contribution (\$) | |
| | 07/30/2024 | Steinbach, Douglas | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Houston, TX 77098-1454 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Graduate Stu | udent Research Assistant | Rice University | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | <u>. </u> | | Amount of Contribution (\$) | |
| | 08/30/2024 | Steinbach, Douglas | | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | | | | |
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| | | Houston, TX 77098-1454 | | | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Graduate Stu | udent Research Assistant | Rice University | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/29/2024 | Stevenson, Garland | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | - | Plano, TX 75023-7946 | | Ĺ | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | - | | |
| | Date | Full name of contributor Out-of-state PAC (ID#: | :) | | Amount of Contribution (\$) | 1000.00 |
| | 08/25/2024 | Stokes Hilton, Lee | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Austin TV 70735 1630 | | | | |
| | Deinsinglasse | Austin, TX 78735-1620 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | <u> </u> | Not Employed | | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 71/77 Rpt: 74/115 | |
|---|----------------------------|---|---|----------------------------|--|---------------|
| 2 | FILER NAME | | 3 | Filer ID (Ethics Commissio | on Filers) | |
| - | Cook, Molly | | ľ | 00086313 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/06/2024 | Stucko, Craig | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | Commack, NY 11725-1619 | | | | |
| 8 | Principal occu engineer | upation / Job title (See Instructions) | 9 Employer (See Instructions Royal Products | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/19/2024 | Swiech, Carol | | | · · · · · · · · · · · · · · · · · · · | \$10.00 |
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| | | | | | | |
| | | Houston, TX 77082-6810 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ⊥ 3) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Π | Amount of Contribution (\$) | |
| | 08/20/2024 | Taaffe, Peter | / | | | \$100.00 |
| | 00,20,21 | Contributor address; City; State; Zip Code | | - | | Ψ=0000 |
| | | Culturbulor address, City, State, Zip Code | | | | |
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| | | Houston, TX 77005-2824 | | | | |
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| | CPA | | Taaffe & Associates | L | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/28/2024 | Tenney, Brian | / | | , | \$250.00 |
| | ••••• | Contributor address; City; State; Zip Code | | ł | | |
| | | | | | | |
| | | | | | | |
| | | Fort Worth, TX 76179-7538 | | | | |
| ┢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>г</u> 3) | | |
| | Executive | | Lockheed Martin | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 07/29/2024 | Texas Automobile Dealers Association PAC | | | · · · · · · · · · · · · · · · · · · · | \$2,000.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | • |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78701-2181 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ⊥ 3) | | |
| | · | | | , | | |
| ⊢ | | | | | | |
| | | | | | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 72/77 Rpt: 75/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 5 Full name of contributor 4 Date out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/05/2024 **Texas Democratic Women** 6 Contributor address; City; State; Zip Code Austin, TX 78703-0024 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/05/2024 Texas REALTORS PAC Non-Corporate Contributor address; City; State; Zip Code Austin, TX 78768-2246 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/19/2024 Texas State Teachers Association Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78759-8327 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/20/2024 Thompson, Donald Contributor address; City; State; Zip Code Houston, TX 77045-3223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/29/2024 Torres, Diane Contributor address; City; State; Zip Code Hillsborough, CA 94010-6152 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Not Employed

Not Employed

\$2,000.00

\$5,000.00

\$3,000.00

\$15.00

\$2.50

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 73/77 Rpt: 76/115 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cook, Molly C. (Ms.) 00086313 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 08/29/2024 Torres, Diane 6 Contributor address; City; State; Zip Code Hillsborough, CA 94010-6152 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/19/2024 University of Houston PAC Contributor address; City; State; Zip Code Houston, TX 77046-0106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 07/21/2024 Van Slyke, Glen Contributor address; City; State; Zip Code

| | Houston, 1X 77098-5309 | | | |
|---------------------------------|---|-------------------------------------|-----------------------------|---------|
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions) | | |
| Not Employe | d | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 08/17/2024 | Vernon, Frances | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Wichita Falls, TX 76308-3316 | | | |
| | i i i | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions) | | |
| not employed | t | none | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/17/2024 | Vernon, Frances | | | \$10.00 |
| | | | | |
| | Contributor address; City; State; Zip Code | | | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Wichita Falls, TX 76308-3316 | | | |
| Principal occup | | Employer (See Instructions) | | |
| Principal occup not employed | Wichita Falls, TX 76308-3316 pation / Job title (See Instructions) | Employer (See Instructions) none | | |

\$2.50

\$2,500.00

\$5.00

| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 74/77 Rpt: 77/115 | |
|------------------|---|--------------------------------------|--|--------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers | rs) | |
| Cook, Molly | | | 00086313 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 07/21/2024 | W Walker, Cliff | | \$2 | 25.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78701-1186 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | i 3) | |
| Political Ope | erative | Seeker Strategies | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 07/27/2024 | Wingate, Elizabeth | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Valdez, AK 99686-1503 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | \$) | |
| Not Employe | эd | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 08/27/2024 | WIngate, Elizabeth | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Valdez, AK 99686-1503 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | ;) ;) | |
| Not Employe | ed | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 08/20/2024 | Wald, David | | \$ | \$5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77096-3208 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| Retired | | none | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/25/2024 | Wald, David | | \$ | \$5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77096-3208 | 1 | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| Retired | | none | | |
| | | | | |
| | | | | |

| | The Instruc | ction Guide explains how to complete this | 1 | Total pages Schedule A1: Sch: 75/77 Rpt: 78/115 | | |
|---|--------------------|--|------------------------------|--|-----------------------------|----------|
| 2 | FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | Cook, Molly | C. (Ms.) | | 00086313 | , | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | #:) | 7 | Amount of Contribution (\$) | |
| | 08/08/2024 | Warren, Joy | | | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77024-7717 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not employe | d | Not employed | | | |
| | Date | Full name of contributor 🔲 out-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | |
| | 08/04/2024 | Weber, Robert | | | | \$400.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77008-4241 | | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | caregiver co | ach | self-employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | #:) | Γ | Amount of Contribution (\$) | |
| | 08/14/2024 | Weber, Robert | | | | \$100.00 |
| | | | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77008-4241 | | Ļ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | caregiver co | ach | self-employed | _ | | |
| | Date | Full name of contributor Dut-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | |
| | 09/22/2024 | Weir, Greg | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77035-3714 | | Ĺ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | | | |
| | Date | Full name of contributor Out-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | |
| | 07/23/2024 | Wheeler, Richard | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | - 1 - 1 - 1 | Houston, TX 77098-5225 | | Ĺ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ;0 | Not Employed | | | |
| | | | | | | |
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| | The Instruc | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 76/77 Rpt: 79/115 | | |
|------------------------|--|---|------------------------------|--|-----------------------------|----------|
| 2 | FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | Cook, Molly | C. (Ms.) | | 00086313 | / | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/23/2024 | Wheeler, Richard | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77098-5225 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/23/2024 | Wheeler, Richard | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77098-5225 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | |
| 09/09/2024 White, Stev | | White, Stevan | | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | | | | | | |
| | | San Angelo, TX 76903-8643 | | | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/21/2024 | White, Wayne | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78758-3811 | | | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/31/2024 | Willis, Andrew | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005-1647 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | PRA Analyst | i l | es | | | |
| | | | | | | |
| Í | | | | | | |

| The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 77/77 Rpt: 80/115 | |
|--|---|---|---|---|---|
| FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | C. (Ms.) | | 00086313 | , | |
| Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| 08/31/2024 | Willis, Andrew | | | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77005-1647 | | | | |
| | | | | | |
| PRA Analys | | ARES Technical Service | es | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 08/17/2024 | Wilson, William | | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| • | , | | 5) | | |
| | | | - | | |
| | | | Amount of Contribution (\$) | *** * * * | |
| 08/30/2024 Woessner Gauci, Kathryn Contributor address; City; State; Zip Code | | | | | \$10.00 |
| | | | | | |
| | | | | | |
| | Houston, TX 77007-8000 | | | | |
| Principal occu | | Employer (See Instructions | ;) | | |
| Nanny | | None | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 07/01/2024 | Yzaguirre, Mark | , | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77055-4728 | | | | |
| | pation / Job title (See Instructions) | | 5) | | |
| Attorney | | University of Houston | | | |
| | | | | | |
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| | FILER NAME Cook, Molly Date 08/31/2024 Principal occu PRA Analys Date 08/17/2024 Principal occu Not Employe Date 08/30/2024 Principal occu Nanny Date 07/01/2024 | FILER NAME Cook, Molly C. (Ms.) Date 08/31/2024 5 Full name of contributor 08/31/2024 6 Contributor address; City; State; Zip Code Houston, TX 77005-1647 Principal occupation / Job title (See Instructions) PRA Analyst Date 08/17/2024 Full name of contributor out-of-state PAC (ID#: | Cook, Molly C. (Ms.) Date 08/31/2024 \$ Full name of contributor willis, Andrew 6 Contributor address; City; State; Zip Code Houston, TX 77005-1647 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) PRA Analyst Date O8/17/2024 Full name of contributor Out-of-state PAC (ID#: | The Instruction Guide explains how to complete this form. FILER NAME Cook, Molly C. (Ms.) Date 08/31/2024 5 Full name of contributor 00/31/2024 6 Contributor address; City; State; Zip Code Houston, TX 77005-1647 9 Employer (See Instructions) PRA Analyst Date 08/17/2024 Full name of contributor 0ut-of-state PAC (ID#: | Sch: //// PRP: 80/115 FiLER NAME Cook, Molly C. (Ms.) Date § Full name of contributor 00086313 7 Amount of Contribution (\$) Willis, Andrew 6 Contributor address; City, State; Zip Code Houston, TX 77005-1647 Principal occupation / Job title (See Instructions) PRA Analyst Date Villis, Andrew 6 Contributor address; City, State; Zip Code Houston, TX 77005-1647 Principal occupation / Job title (See Instructions) PRA Analyst Date 6 Villiam Contributor address; City, State; Zip Code Wilson, William Contributor address; City, State; Zip Code Spring, TX 77393-2166 Principal occupation / Job title (See Instructions) Not Employed Date 08/30/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Ogl/30/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| | The Instru | ction Guide explains how to complete this f | orm. 1 Total pages Schedule A2: Sch: 1/1 Rpt: 81/115 | | | | |
|----|--------------------|---|---|------|---|--|--|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Cook, Molly | C. (Ms.) | | | 00086313 | | |
| 4 | TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | \$ | | | | |
| 5 | Date 08/29/2024 | 6 Full name of contributor out-of-state PAC (ID#: Ni, Solomon 7 Contributor address; City; State; Zip Code |) | 8 | Amount of 9 In-kind contribution contribution (\$) description \$308.00 photos from May 28 2024 | | |
| | | Houston, TX 77054 | | | Check if travel outside of Texas. Complete Schedule T. | | |
| 10 | Principal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | -JU | IDICIAL) (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 contributo | or's | spouse (if any) (FOR JUDICIAL) | | |
| 16 | If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Rypense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/32 Rpt: 82/115 | Cook, Molly C. (Ms.) | 00086313 |
| 4 | Date 09/26/2024 | Payee name ActBlue Texas | |
| 6 | Amount (\$) \$1,000.73 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 Somerville, MA 02144 | |
| 8 | PURPOSE OF EXPENDITURE | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense EE | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 09/11/2024 | Amazon | |
| | Amount (\$) \$29.98 | Payee address; City; State; Zip Code 41 Terry Ave N Seattle, WA 98109 | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense district office |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date 07/05/2024 | Payee name BCom Solutions | |
| | | | |
| | Amount (\$) \$2,800.00 | Payee address;City;State;Zip Code747 O St Suite 150 | |
| | | Lincoln, NE 68521 | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense I re |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of Dist | | | | | quipment & Related Expense | | | |
|---|---|-----|---|---------------------|------------------------|------------|-----|----------------------------|------|---------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 2/32 Rpt: 83/115 | | Cook, Molly | | | | | | 5 | 00086313 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 07/19/2024 | | BCom Solut | ions | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State | ; Zip Co | de | | | | |
| | \$2,200.00 | | 747 O St Si | uite 150 | | | | | | | |
| | | | Lincoln, NE | 68521 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed | at the top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | -undraising E | | | | | | de of Texas. Com | |
| | | | | | | | | | | officeholder living |) expense |
| | | | | | | | | email fundrais | sing | g | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | ceholder name | (| Office sou | ght | | | Office he | eld |
| | Date | | Payee name | | | | | | | | |
| | 07/22/2024 | | BCom Solut | ions | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State | ; Zip Co | de | | | | |
| | | | | - | State, | , zip co | uc | | | | |
| | \$6,000.00 | | 747 O St Si | ule 150 | | | | | | | |
| | | | Lincoln, NE | 68521 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed | at the top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Solicitation/I | -undraising E | Expense | | | | | de of Texas. Com | • |
| | | | | | | | | | | officeholder living | j expense |
| | | | | | | | | email fundrais | sin | g | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | ceholder name | C | Office sou | ght | | | Office he | eld |
| | Date | | Payloo name | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 08/21/2024 | | Back Pocke | | | | | | | | |
| | Amount (\$) | | Payee addres | | State | ; Zip Co | de | | | | |
| | \$500.00 | | 5900 Balcor | iess | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 7 | 8731 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed | at the top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Fees | | | | | | | de of Texas. Com | |
| | | | | | | | | | | officeholder living | g expense |
| | | | | | | | | website servi | ces | 5 | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | ceholder name | (| Office sou | ght | | | Office he | eld |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|---|---|----------|--|-------------------------------------|--|--|---|------------------------------------|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide e | Of Po Ise Pr Sa | ment/Reinbursement lead/Rental Expense nse ense ges/Contract Labor plete this form. | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | Filer ID (Ethics Commission Filers) | | | | | | | | |
| | Sch: 3/32 Rpt: 84/115 | | Cook, Molly C. (Ms.) 00086313 | | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 07/29/2024 | | Big Tex Storage | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Z | ip Cod | е | | | | | | |
| | \$35.23 | | 4503 Montrose Blvd | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77006 | | | | | | | | | |
| • | PURPOSE | <u> </u> | | | | | | | | | | |
| 8 | OF | | Category (See Categories listed at the top | | e) | b) Description | outsi | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | Office Overhead/Rental Expens | e | | | | , officeholder living expense | | | | |
| | | | | | | rental of stor | age | e space | | | | |
| | | | | | | | | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH | | | | | | nt | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 07/30/2024 | | Big Tex Storage | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$20.51 | | 4503 Montrose Blvd | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77006 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this schedul | e) (| b) Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expens | e | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | - | | | | | | rental of storage space | | | | | |
| | | | | | | Territar of Store | aye | space | | | | |
| | Complete ONIL V if direct | | Condidate/Officebalder name | Offic | | | | Office hold | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Onic | ce soug | IL | | Office held | | | | |
| | | - | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 08/05/2024 | | Big Tex Storage | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$58.00 | | 4503 Montrose Blvd | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77006 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this schedul | e) (| b) Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expens | | Ĺ | | outsi | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITORE | | | | | | ı, ТХ, | , officeholder living expense | | | | |
| | | | | | | storage | | | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Offic | ce soug | nt | | Office held | | | | |
| | expenditure to benefit C/Oł | 17 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|-------------------------------------|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 4/32 Rpt: 85/115 | Cook, Molly C. (Ms.) | 00086313 | | | | | | |
| 4 | Date | Payee name | | | | | | | |
| | 09/03/2024 | Big Tex Storage | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$58.00 | 4503 Montrose Blvd | | | | | | | |
| | | | | | | | | | |
| | | Houston, TX 77006 | | | | | | | |
| 8 | PURPOSE | | | | | | | | |
| 0 | OF | A) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel | outside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | | n, TX, officeholder living expense | | | | | | |
| | | storage renta | al | | | | | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 07/26/2024 | Calltime.ai | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$500.00 | 3780 KILROY AIRPORT WAY | | | | | | | |
| | | Long Beach, CA 90806 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | expenditure to benefit C/OF | | | | | | | | |
| _ | Date | Payee name | | | | | | | |
| | 08/26/2024 | Calltime.ai | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$500.00 | 3780 KILROY AIRPORT WAY | | | | | | | |
| | +000100 | | | | | | | | |
| | | Long Beach, CA 90806 | | | | | | | |
| | PURPOSE OF | a) Category (See Categories listed at the top of this schedule) (b) Description | outside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | | n, TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | expenditure to benefit C/OF | Calledato, Chronicato Harro Chronico Sought | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 5/32 Rpt: 86/115 | Cook, Molly C. (Ms.) | 00086313 | | | | | | |
| 4 | Date 09/26/2024 | 5 Payee name Calltime.ai | | | | | | | |
| 6 | Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 3780 KILROY AIRPORT WAY Long Beach, CA 90806 | | | | | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising software | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 07/19/2024 | Canva.com | | | | | | | |
| | Amount (\$) \$45.37 | Payee address; City; State; Zip Code 3212 E Cesar Chavez St Austin, TX 78702 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense tware | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date 08/30/2024 | Payee name Chick-fil-a | | | | | | | |
| | Amount (\$) \$31.92 | Payee address; City; State; Zip Code 2715 Southwest Fwy | | | | | | | |
| | | Houston, TX 77098 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense for campaign staff | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | | 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 Expens Legal Services The Instruction Guide ex | Salaries/ | ense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 6/32 Rpt: 87/115 | Cook, Moll | | (| | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 09/25/2024 | - | / Labor Administrative | | | | | | | |
| | Amount (\$) \$55.00 | Payee addre 87-89 5th / Suite 600 New York, | Ave NY 10003 | State; Zip Co | ode | | | | | |
| 8 | PURPOSE | (a) Category (S | See Categories listed at the top o | f this schedule) | (b) Description | on | | | | |
| | OF EXPENDITURE | Fees | | | | | ide of Texas. Compl | | | |
| | | | | | | | , officeholder living e | | | |
| | | | | | Mobilize | access | for campaign | 1 | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ïceholder name | Office sou | ught | | Office hel | d | | |
| | Date | Payee name |) | | | | | | | |
| | 09/16/2024 | Constant C | contact | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$383.76 | 1601 Trape | | , - | | | | | | |
| | \$505.10 | | | | | | | | | |
| | | Waltham, I | MA 02451 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (s Fees | see Categories listed at the top o | f this schedule) | | travel outs Austin, TX | ide of Texas. Compl , officeholder living e | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ïceholder name | Office sou | ught | | Office hel | d | | |
| | Date | Payee name | | | | | | | | |
| | 09/23/2024 | Costco | | | | | | | | |
| - | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$149.16 | 3836 Richr | | | - | | | | | |
| | ψ1-0.10 | | | | | | | | | |
| | | Houston, T | X 77027 | | | | | | | |
| | PURPOSE | | See Categories listed at the top o | | (b) Description | | | | | |
| | OF EXPENDITURE | Office Ove | rhead/Rental Expense | 9 | | | ide of Texas. Compl | | | |
| | | | | | | | , officeholder living e | expense | | |
| | ſ | | | | supplies | s for Dis | strict office | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ïceholder name | Office sou | ught | | Office hel | d | | |
| | | | | | | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|--|--|----------|--|-------------|--|------------|-----|-------------|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Fees Office Overhead/Rental Expense Office Overhead/Rental Expense Topolling Expense <thtopolling expense<="" th=""> <thtopolling expense<="" th=""><th colspan="4">Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)</th></thtopolling></thtopolling> | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 7/32 Rpt: 88/115 | | Cook, Molly C. (Ms.) | | | | | | | | `````````````````````````````````````` | |
| 4 | Date 09/23/2024 | | Payee name Formswift | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State | : Zip Co | de | | | | | |
| | \$73.55 | | | | | | | | | | | |
| 8 | DUPPOSE | L | | | | | (h) | Description | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if Austin, TX, officeholder living expense campaign software Check if Austin, TX, officeholder living expense campaign software | | | | | | | • | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Offi | ceholder na | me (| Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 07/03/2024 | | Go Union P | rinting | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$587.97 | | 2600 9th St St. Petersbu | | 704 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Printing Exp | | sted at the top of this sch | nedule) | | | , TX, | de of Texas. Com officeholder living | plete Schedule T. expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Offi | ceholder na | me (| Office sou | ght | | | Office he | eld | |
| ⊢ | Date | <u> </u> | Payee name | | | | | | | | | |
| | 07/01/2024 | | Gusto | | | | | | | | | |
| | Amount (\$) \$500.00 | | Payee addres 525 20th St | | State | ; Zip Co | de | | | | | |
| | | | San Francis | ico, CA 94 | 107 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Salaries/Wa | | ited at the top of this sch act Labor | nedule) | | | , TX, | officeholder living | plete Schedule T. expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Offi | ceholder na | me (| Office sou | ght | | | Office he | eld | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | Filer ID (Ethics Commission Filers) | | | | | | |
| 1 | Sch: 8/32 Rpt: 89/115 | Cook, Molly C. (Ms.) | 00086313 | | | | | | |
| 4 | Date 07/01/2024 | 5 Payee name Gusto | | | | | | | |
| 6 | Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. K, officeholder living expense D | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 07/01/2024 | Gusto | | | | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 525 20th St | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. K, officeholder living expense D | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 07/03/2024 | Gusto | | | | | | | |
| | Amount (\$) \$328.34 | Payee address; City; State; Zip Code 525 20th St | | | | | | | |
| | | San Francisco, CA 94107 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. K, officeholder living expense ing | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|--|--|-------------------------------|--|-----------------------|------------------------|------------------|-------|--|---|---------------------|----------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 9/32 Rpt: 90/115 | | Cook, Molly C. (Ms.) | | | | | | | | · · · · · · | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 07/10/2024 | | Gusto | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | ; Zip Co | de | | | | | |
| | \$2,110.50 | | 525 20th St | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Francis | co, CA 94107 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wa | iges/Contract | Labor | | | | | | plete Schedule T. | |
| | | | | | | | | Campaign pa | | officeholder living | j expense | |
| | | | | | | | | Campaign po | iyiu | 11 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Offi | ceholder name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 07/10/2024 | | Gusto | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$61.00 | | 525 20th St | | otato | , <u>_</u> .p ee | | | | | | |
| | 401.00 | | 020 2011 01 | | | | | | | | | |
| | | | San Francis | co, CA 94107 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | | | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | - | | | | | | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | | | Campaign pa | ayru | | | |
| | | | andidate/Offi | | | | | | | Office h | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Official | ceholder name | C | Office sou | gnt | | | Office he | eiu | |
| | • | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 07/10/2024 | | Gusto | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | ; Zip Co | de | | | | | |
| | \$1,119.00 | | 525 20th St | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Francis | co, CA 94107 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wa | iges/Contract | Labor | | | | | | plete Schedule T. | |
| | | | | | | | | | | officeholder living | j expense | |
| | | | | | | | | Campaign pa | ayı Ü | iii laxes | | |
| | | Ļ | andidate (Off | | | | a b t | | | Office | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | anuuate/Offi | ceholder name | (| Office sou | ynt | | | Office he | tiu | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|--|--|---|------------|--|-------------|---|---------------------|--------------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | /Rental Expense e Contract Labor | | Transportation E Travel in District Travel Out of Dis | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 10/32 Rpt: | | Cook, Molly | y C. (Ms.) | | | | | | 00086313 | | |
| 4 | Date 07/12/2024 | | Payee name Gusto | | | | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$1,892.02 | | 525 20th S | | | , _,p | | | | | | |
| 8 | PURPOSE | (a) | Category (s | ee Categories listed a | at the top of this sch | (aluba | (b) | Description | | | | |
| - | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | | | | • | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | | Office he | əld | |
| | Date | | Payee name | ļ | | | | | | | | |
| | 07/12/2024 | | Gusto | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State; | ; Zip Co | de | | | | | |
| | \$422.46 | | 525 20th S San Franci | t sco, CA 94107 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | iee Categories listed a ages/Contract | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll taxes | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | ! | | | | | | | | |
| | 07/30/2024 | | Gusto | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State: | ; Zip Co | de | | | | | |
| | \$1,358.13 | | 525 20th S | | | | | | | | | |
| | | | San Franci | sco, CA 94107 | , | | | | | | | |
| | PURPOSE OF | | | ee Categories listed a | | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Solicitation | /Fundraising E | xpense | | | | , TX, | officeholder living | plete Schedule T. J expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Dffice sou | ght | | | Office he | eld | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|---|---|-----|--|---------------------|-------------------------------|------------|------|---|-------|---------------------|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | Ε | | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 11/32 Rpt: | | Cook, Molly | / C. (Ms.) |) | | | | | 00086313 | | | |
| 4 | Date | 5 | Payee name | • | | | | | | | | | |
| | 07/30/2024 | | Gusto | | | | | | | | | | |
| 6 | Amount (\$) | 7 | ······································ | | | | | | | | | | |
| | \$282.49 | | 525 20th S | t | | | | | | | | | |
| | | | San Francisco, CA 94107 | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | | s listed at the top of this s | schedule) | (b) | Description | | | | | |
| | | | | | ing Expense | schedule) | | | outsi | de of Texas. Corr | nplete Schedule T. | | |
| | EXPENDITURE | | | | 0 | | | | | officeholder living | g expense | | |
| | | | | | | | | Campaign pa | ayro | oll taxes | | | |
| _ | | | Develidate (Off | i o o b o l d o r . | | 0#:00.00 | | | | Office h | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | icenoider i | name | Office sou | ignt | | | Office h | eia | | |
| | Date | | Payee name | • | | | | | | | | | |
| | 08/05/2024 | | Gusto | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; Ci | ty; Sta | te; Zip Co | ode | | | | | | |
| | \$136.44 | | 525 20th S | t | | | | | | | | | |
| | | | San Franci | sco, CA 9 | 94107 | | | | | | | | |
| | PURPOSE OF | (a) | | | s listed at the top of this s | schedule) | (b) | Description | outoi | do of Toyon Com | nplete Schedule T. | | |
| | EXPENDITURE | | Accounting | /Banking | | | | | | officeholder living | | | |
| | | | | | | | | payroll proce | | | | | |
| | | | | | | | | | | - | | | |
| | Complete ONLY if direct | (| Candidate/Off | iceholder ı | name | Office sou | ight | | | Office h | eld | | |
| | expenditure to benefit C/OF | H | | | | | | | | | | | |
| | Date | | Payee name | 1 | | | | | | | | | |
| | 08/14/2024 | | Gusto | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; Ci | ty; Sta | te; Zip Co | ode | | | | | | |
| | \$966.52 | | 525 20th S | t | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | San Franci | sco, CA 9 | 94107 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories | s listed at the top of this s | schedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Salaries/W | ages/Cor | tract Labor | | | | | | nplete Schedule T. | | |
| | | | | | | | | campaign pa | | officeholder living | g expense | | |
| | | | | | | | | sampaign pa | | | | | |
| | Complete ONLY if direct | | Candidate/Off | iceholder ı | name | Office sou | ight | | | Office h | eld | | |
| | expenditure to benefit C/Oł | 1 | | | | | | | | | | | |
| | | _ | | | | | _ | | _ | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|---|---|--|--------------|---------------|-------------------------|---------------|---|------|-----------------|------|---------------------|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense 7 Food/Beverage Expense Polling Expense 7 y - Gift/Awards/Memorials Expense Printing Expense 7 | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 12/32 Rpt: | | Cook, Moll | y C. (Ms | .) | | | | | | 00086313 | | |
| 4 | Date | 5 | Payee name | 9 | | | | | | | | | |
| | 08/14/2024 | | Gusto | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addr | ess; C | City; | State; | Zip Coo | de | | | | | |
| | \$217.63 | | 525 20th St | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | San Franc | isco, CA | 94107 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (| See Categorie | es listed at the top of | of this sched | ule) | (b) | Description | | | | |
| | OF EXPENDITURE | | | | ntract Labor | | , | ļ | Check if travel | | | plete Schedule T. | |
| | | | | | | | | | | | officeholder living | j expense | |
| | | | | | | | | | Campaign pa | iyro | ll taxes | | |
| _ | Complete ONIL V if direct | | Condidate/Of | ficebolder | 00000 | 0# | Fine cours | •bt | | | Office he | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Of | ficenoider | name | On | fice soug | int | | | Office ne | eid | |
| | Date | | Payee name | Э | | | | | | | | | |
| | 08/29/2024 | | Gusto | | | | | | | | | | |
| | Amount (\$) | | Payee addr | ess; C | City; | State; | Zip Coo | de | | | | | |
| | \$1,335.74 | | 525 20th S | st | | | | | | | | | |
| | | | San Franc | isco, CA | 94107 | | | | | | | | |
| | PURPOSE | (a) | Category (| See Categorie | es listed at the top of | of this sched | ule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/W | /ages/Co | ntract Labor | | | | | | | plete Schedule T. | |
| | | | | | | | | | | | officeholder living | j expense | |
| | | | | | | | | | campaign pa | yro | I | | |
| | Complete ONLY if direct | | Candidate/Of | ficeholder | name | Off | fice souc | nht | | | Office he | | |
| | expenditure to benefit C/Oł | | | licentituer | name | 01 | | JIIC | | | Office In | Siu | |
| | Date | | Payee name | | | | | | | | | | |
| | 08/29/2024 | | Gusto | - | | | | | | | | | |
| | Amount (\$) | | Payee addr | | City; | Stato: | Zip Coo | | | | | | |
| | \$278.81 | | 525 20th S | | , ity, | State, | Zip Cut | JE | | | | | |
| | ψ270.01 | | 525 2001 0 | | | | | | | | | | |
| | | | San Franc | isco, CA | 94107 | | | | | | | | |
| | PURPOSE | (a) | Category (| See Categorie | es listed at the top of | of this sched | ule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/W | /ages/Co | ntract Labor | | | | | | | plete Schedule T. | |
| | | | | | | | | l | campaign pa | | officeholder living | j expense | |
| | | | | | | | | | campaign po | cyrc | in lunes | | |
| | Complete ONLY if direct | | Candidate/Of | ficeholder | name | Off | fice soug | nht | | | Office he | ble | |
| | expenditure to benefit C/Oł | | | | | | | , | | | Cince In | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|----------------------------|------------------------------------|---------------------------------|------------|----------|---|-------|---------------------|--------------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra By - Gift/Awards/Memorials Expense Printing Expense Tra | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 FI | LER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 13/32 Rpt: | C | ook, Molly (| C. (Ms.) | | | | | | 00086313 | | |
| 4 | Date 09/05/2024 | | ayee name usto | | | | | | | | | |
| 6 | Amount (\$) | 7 Pa | ayee address | ; City; | State; | Zip Co | de | | | | | |
| | \$110.86 | 52 | 25 20th St | o, CA 94107 | | | | | | | | |
| 8 | PURPOSE | (a) Ca | ategory _{(See} | Categories listed a | at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll processing fee | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Office | holder name | C | Office sou | ght | | | Office he | eld | |
| | Date | Pa | ayee name | | | | | | | | | |
| | 09/10/2024 | G | usto | | | | | | | | | |
| | Amount (\$) | Pa | ayee address | ; City; | State; | Zip Co | de | | | | | |
| | \$1,714.39 | - | 25 20th St | o CA 04107 | | | | | | | | |
| | 51155005 | | | o, CA 94107 | | | <u> </u> | | | | | |
| | PURPOSE OF EXPENDITURE | | | Categories listed a es/Contract | at the top of this sch Labor | edule) | | | , TX, | officeholder living | plete Schedule T. J expense | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ndidate/Office | holder name | C | Office sou | ght | | | Office he | eld | |
| | Date | Pa | ayee name | | | | | | | | | |
| | 09/10/2024 | G | usto | | | | | | | | | |
| | Amount (\$) \$538.74 | | ayee address 25 20th St | ; City; | State; | Zip Co | de | | | | | |
| | | Sa | an Francisc | o, CA 94107 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | Categories listed a es/Contract | at the top of this sch Labor | edule) | | | , TX, | officeholder living | plete Schedule T. g expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Office | holder name | C | Dffice sou | ght | | | Office he | eld | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|---|----------------|-----------------|-----------------------------|------------|---|--------------|--|---------------------|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | Rental Expense Contract Labor | | Transportation E Travel in District Travel Out of Di | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 14/32 Rpt: | | Cook, Molly | C. (Ms.) | | | | | | 00086313 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 09/12/2024 | | Gusto | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City | State | ; Zip Co | de | | | | | |
| | \$2,584.63 | | 525 20th St | | | | | | | | | |
| | | | San Francis | co, CA 94 | 107 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories li | sted at the top of this sch | nedule) | (b) [| Description | | | | |
| | OF EXPENDITURE | | Salaries/Wa | iges/Contr | act Labor | | Ē | | | | nplete Schedule T. | |
| | | | | | | | L | | | officeholder living | g expense | |
| | | | | | | | C | campaign pay | yroi | 11 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder na | me C | Office sou | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 09/12/2024 | | Gusto | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City | State | ; Zip Co | de | | | | | |
| | \$561.99 | | 525 20th St | | | | | | | | | |
| | | | San Francis | co, CA 94 | 107 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | | | | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign payroll taxes | | | | | |
| | Complete ONLY if direct | <u>с</u> | Candidate/Offi | ceholder na | me C | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 09/26/2024 | | Gusto | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City | State | ; Zip Co | de | | | | | |
| | \$446.60 | | 525 20th St | | | | | | | | | |
| | | | San Francis | co, CA 94 | 107 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories li | sted at the top of this sch | nedule) | (b) [| Description | | | | |
| | OF EXPENDITURE | | Salaries/Wa | iges/Contr | act Labor | | Ī | | | | nplete Schedule T. | |
| | | | | | | |] | | | officeholder living | g expense | |
| | | | | | | | (| campaign pay | yrol | ii taxes | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder na | me C | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|---|--|------------------------------------|--|------------|---|--------|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | head/Rental Expense ense pense ages/Contract Labor | | Travel in District Travel Out of Dist | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 15/32 Rpt: | | Cook, Molly | y C. (Ms.) | | | | | 00086313 | | | |
| 4 | Date 09/26/2024 | | Payee name Gusto | 9 | | | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| Ū | \$773.85 | | 525 20th S | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | See Categories lis | ted at the top of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign payroll | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | ïceholder nar | ne C | Office sou | Jht | | Office he | ld | | |
| | Date | | Payee name | • | | | | | | | | |
| | 07/10/2024 | | HEB | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State; | Zip Co | de | | | | | |
| | \$114.66 | | 1701 W Ala Houston, T | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | see Categories liss rage Expens | b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff meeting | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Off | ïceholder nar | ne C | Dffice sou | ght | | Office he | ld | | |
| | Date | | Payee name | • | | | | | | | | |
| | 07/11/2024 | | HEB | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State: | Zip Co | de | | | | | |
| | \$158.03 | | 1701 W Ala | | | | | | | | | |
| | | | Houston, T | X 77098 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | see Categories liss rage Expens | ted at the top of this sch SC | edule) | | n, TX, | de of Texas. Comp , officeholder living neeting | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | ïceholder nar | ne C | Office sou | jht | | Office he | ld | | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | EXPENDITU Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction | als Expense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | aymei erhead pense opens /ages | nt/Reimbursement d/Rental Expense e e /Contract Labor | | Transportation Travel in Distric Travel Out of D | |
|---|---|-----|---------------|--|------------------------|--|--|---|---------------|--|----------------------------|
| 1 | Total pages Schedule F1: | 2 | | = | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 16/32 Rpt: | [| Cook, Molly | | | | | | ľ | 00086313 | (, |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 07/15/2024 | | HEB | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$42.56 | | 1701 W Ala | lbama | | | | | | | |
| | | | Houston, T | | | | | | | | |
| 8 | PURPOSE OF | (a) | | ee Categories listed a | at the top of this sch | edule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Bever | age Expense | | | | | | de of Texas. Cor officeholder livin | nplete Schedule T. |
| | | | | | | | | campaign sta | | | ig expense |
| | | | | | | | | campaign siz | a 11 1 | neeting | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Off | iceholder name | C | Office sou | ght | | | Office h | eld |
| | Date | | Payee name | | | | | | | | |
| | 09/23/2024 | | HEB | | | | | | | | |
| | Amount (\$) | ⊢ | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$183.95 | | 1701 W Ala | | Claro | , <u>_</u> , _ 00 | | | | | |
| | φ103.95 | | | IJama | | | | | | | |
| | | | Houston, T | X 77098 | | | | | | | |
| | PURPOSE OF | (a) | Category (S | ee Categories listed a | at the top of this sch | edule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Bever | age Expense | | | | | | | nplete Schedule T. |
| | | | | | | | | | | officeholder livin | ig expense |
| | | | | | | | | food for distri | ct c | office | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | | Office h | leld |
| - | Data | | Davias marti- | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 09/23/2024 | | HEB | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$54.00 | | 1701 W Ala | lbama | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, T | X 77098 | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed a | at the top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | | | | nplete Schedule T. |
| | EXPENDITORE | | | | | | | | | officeholder livin | g expense |
| | | | | | | | | food for distri | ct c | office | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Off | ceholder name | C | Office sou | ght | | | Office h | eld |
| ⊢ | | | | | | | | | | | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| _ | | |
| 1 | Total pages Schedule F1: | |
| | Sch: 17/32 Rpt: | Cook, Molly C. (Ms.) 00086313 |
| 4 | Date | 5 Payee name |
| | 08/17/2024 | Harris County CD 7 PAC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 2314 Tannehill Drive |
| | | |
| | | |
| | | Houston, TX 77008 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Candidate/Officeholder/Political Committee |
| | | contribution |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 09/02/2024 | Harris County Democratic Party |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 4619 Lyons Avenue |
| | | |
| | | Houston, TX 77020 |
| _ | DUDDOCE | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| | | |
| | | Gondion |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiatore to benefit e/or | |
| | Date | Payee name |
| | 08/26/2024 | Houston Black American Democrats |
| _ | Amount (¢) | Payee address; City; State; Zip Code |
| | Amount (\$) | |
| | \$500.00 | POBox 2252 |
| | | |
| | | Houston, TX 77253 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Contributions/Donations Made By |
| | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | Contribution |
| | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

| | | | EXPENDITURE CAT | FEGOR | IES FOR | BOX 8(a) | | | | | |
|----------|---|-----|---|--------------------|---|---|--|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | e | Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa | ment/Reimbursement nead/Rental Expense ense jense iges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 18/32 Rpt: | | Cook, Molly C. (Ms.) | | | | | 00086313 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 08/21/2024 | | Houston LGBTQ+ Political Caucu | JS PAC | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Coc | е | | | | | |
| | \$500.00 | | P.O. Box 66664 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77266 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of | f this sche | edule) | b) Description | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | | ide of Texas. Com | | | |
| | | | Candidate/Officeholder/Political C | Commit | ttee | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | Equality brun | ICH | sponsor | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Of | ffice soug | ht | | Office he | eld | | |
| | Date | Γ | Payee name | | | | | | | | |
| | 09/23/2024 | | Houston Toolbank | | | | | | | | |
| - | Amount (\$) | ┝ | Payee address; City; | State [.] | Zip Coo | ٩ | | | | | |
| | ., | | | State, | | e | | | | | |
| | \$60.06 | | 1215 Gazin St | | | | | | | | |
| | | | Houston, TX 77020 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of Office Overhead/Rental Expense | | edule) | b) Description | outs | ide of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | | | | Check if Austin | n, TX | , officeholder living | expense | | |
| | | | | | | supplies for | dist | trict office | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Of | ffice soug | ht | | Office he | eld | | |
| | Data | — | | | | | | | | | |
| | Date | | Payee name | mittoo | | | | | | | |
| | 08/30/2024 | | Houston Transgender Unity Com | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Coc | е | | | | | |
| | \$1,000.00 | | 9999 Westheimer Road | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77042 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of | | edule) | b) Description | | | | | |
| | EXPENDITURE | | Contributions/Donations Made By | | | | | ide of Texas. Com | | | |
| | | | Candidate/Officeholder/Political C | Commit | ttee | | | , officeholder living | expense | | |
| | | | | | | HUTC Banqı | lei | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Of | ffice soug | ht | | Office he | eld | | |
| <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Office Overhead/Rental E Food/Beverage Expense Gift/Awards/Memorials Expense Cigal Services Calaries/Wages/Contract The Instruction Guide explains how to complete this f | xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above) |
|---|---|--|--|
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| - | Sch: 19/32 Rpt: | Cook, Molly C. (Ms.) | 00086313 |
| 4 | Date | Payee name | |
| | 09/25/2024 | J & N Printing | |
| 6 | Amount (\$) \$331.44 | Payee address; City; State; Zip Code 2519 Fairway Park Dr Houston, TX 77092 | |
| 8 | PURPOSE OF EXPENDITURE | | otion k if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense aign printing |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 08/08/2024 | Jewish Herald Voice | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$820.00 | 3403 Audley St Houston, TX 77098 | |
| | PURPOSE OF EXPENDITURE | | btion :k if travel outside of Texas. Complete Schedule T. :k if Austin, TX, officeholder living expense al advertising for campaign |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 09/24/2024 | Laurel for Texas | |
| | Amount (\$) \$1,000.00 | Payee address;City;State;Zip CodePO Box 6686 | |
| | | San Antonio, TX 78209 | |
| | PURPOSE OF EXPENDITURE | | x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 | Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 20/32 Rpt: | Cook, Molly C. (Ms.) | 00086313 | | | | | | |
| 4 | Date 09/20/2024 | 5 Payee name Morgan Lamantia for Senate | | | | | | | |
| 6 | Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 1,000.00 Brownsville, TX 78520 | | | | | | | |
| 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 Image: Contribution of the second schedule of the seco | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date 07/01/2024 | Payee name NGP VAN | | | | | | | |
| | Amount (\$) \$373.10 | Payee address; City; State; Zip Code 655 15th St NW Washington, DC 20005 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 07/05/2024 | NGP VAN | | | | | | | |
| | Amount (\$) \$405.08 | Payee address;City;State;Zip Code655 15th St NW | | | | | | | |
| | | Washington, DC 20005 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | | EXPENDITURE CA | TEGORIES FOR E | 3OX 8(a) | |
|---|---|--|---|--------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens ittee Legal Services The Instruction Guide ex | Office Overho Polling Exper e Printing Expe Salaries/Wag | nse es/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | ILER NAME | | : | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 21/32 Rpt: | cook, Molly C. (Ms.) | | | 00086313 |
| 4 | Date 07/16/2024 | ayee name lational Conference of State Leg | gislators | | |
| 6 | Amount (\$) | ayee address; City; | State; Zip Code | 1 | |
| U | \$850.00 | 44 N. Capitol Ave /ashington, DC 20001 | | | |
| 8 | PURPOSE | ategory (See Categories listed at the top of | (this ashadula) |) Description | |
| - | OF EXPENDITURE | | r this schedule) | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense CketS |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sough | t | Office held |
| | Date | ayee name | | | |
| | 09/23/2024 | office Depot | | | |
| | Amount (\$) | ayee address; City; | State; Zip Code | | |
| | \$66.56 | 443 Kirby Dr Jouston, TX 77098 | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of office Overhead/Rental Expense | | | utside of Texas. Complete Schedule T. TX, officeholder living expense Strict office |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sough | t | Office held |
| | Date | ayee name | | | |
| | 09/13/2024 | hoebes diner | | | |
| | Amount (\$) \$53.21 | ayee address; City; 08 W 11th St | State; Zip Code | | |
| | | ustin, TX 78701 | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of ood/Beverage Expense | f this schedule) (k | | utside of Texas. Complete Schedule T. TX, officeholder living expense eting |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sough | t | Office held |
| | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| Advertising Expense Accounting/Banking Consulting Expense | | | Fees | Loan Repa | yment/Reimbursement head/Rental Expense | | Solicitation/Fundra Transportation Eq Travel in District | aising Expense Juipment & Related Expense |
|---|---|-----|--|-------------|--|-------|--|--|
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | | Gift/Awards/Memorials Expense | Printing Ex | | | Travel Out of Dist | rict category not listed above) |
| | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 22/32 Rpt: | | Cook, Molly C. (Ms.) | | | | 00086313 | |
| 4 | Date | 5 | Payee name | | | | | |
| | 08/26/2024 | | Principals Roundtable | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | le | | | |
| | \$100.00 | | c/o Naomi Doyle-Madrid | | | | | |
| | | | 10623 Oasis Dr | | | | | |
| | | | Houston, TX 77096 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sched | | (b) Description | | | |
| ľ | OF | (~) | Contributions/Donations Made Bv | dule) | | outs | ide of Texas. Comp | lete Schedule T. |
| | EXPENDITURE | | Candidate/Officeholder/Political Commit | ttee | Check if Austin | ı, TX | , officeholder living | expense |
| | | | | | Principals' R | our | ndtable campa | aign sponsorship |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Of | ffice sou | ıht | | Office hel | ld |
| | Date | | Payee name | | | | | |
| | 07/03/2024 | | Scale to Win | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | |
| | \$701.46 | | 13742 Harper St | | | | | |
| | | | | | | | | |
| | | | Santa Ana, CA 92703 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sched | dule) | (b) Description | | | |
| | EXPENDITURE | | Fees | | | | ide of Texas. Comp , officeholder living (| |
| | | | | | texting softw | | | expense |
| | | | | | terting contri | | | |
| ⊢ | Complete ONLY if direct | | Candidate/Officeholder name Of | ffice sour | iht | | Office hel | ld |
| | expenditure to benefit C/Oł | | | | , | | | - |
| ⊨ | Data | 1 | | | | | | |
| | Date 08/05/2024 | | Payee name Scale to Win | | | | | |
| | | | | 7: 0 | | | | |
| | Amount (\$) | | | Zip Co | le | | | |
| | \$20.20 | | 13742 Harper St | | | | | |
| | | | Santa Ana, CA 92703 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sched | dule) | (b) Description | | | |
| | OF | | Fees | aaloy | | outs | ide of Texas. Comp | lete Schedule T. |
| | EXPENDITURE | | | | | | , officeholder living | |
| | | | | | texting softw | are | for campaigr | n texts |
| | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name Of | ffice sou | Jht | | Office hel | ld |
| L | expenditure to benefit C/OI | 1 | | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 23/32 Rpt: | Cook, Molly C. (Ms.) 00086313 | | | | |
| <u>.</u> | | | | | |
| 4 Date | 5 Payee name | | | | |
| 07/30/2024 | Southwest Airlines | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$383.98 | 2702 Love Field Drive | | | | |
| | | | | | |
| | | | | | |
| | Dallas, TX 75235 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Travel Out of District X Check if travel outside of Texas. Complete Schedule T. | | | | |
| | Check if Austin, TX, officeholder living expense | | | | |
| | conference-National Council of State Legislatures. | | | | |
| | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 08/12/2024 | Southwest Democrats | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | |
| \$40.00 | \$40.00 7803 Barberton Dr | | | | |
| | Houston, TX 77036 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | |
| | Candidate/Officeholder/Political Committee | | | | |
| | membership | | | | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/O | 4 | | | | |
| Date | Pavee name | | | | |
| 08/13/2024 | Payee name Southwest Democrats | | | | |
| | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$40.00 | po box 2053 | | | | |
| | | | | | |
| | Bellaire, TX 77402 | | | | |
| DUDDCCT | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee | | | | |
| | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense anniversary eventmember dues from campaign | | | | |
| | anniversary eventmentuer dues north callipaign | | | | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/O | | | | | |
| | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 24/32 Rpt: | Cook, Molly C. (Ms.) 00086313 | | | | |
| | | | | | |
| 4 Date | 5 Payee name | | | | |
| 07/08/2024 | Squarespace | | | | |
| 6 Amount (\$) \$93.53 | 7 Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014 | | | | |
| 8 PURPOSE | (a) Category (or orthographic listed at the end of the orthographic (b) Description | | | | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Domain name and web sit | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 07/22/2024 | Squarespace | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$35.18 | 225 Varick Street New York, NY 10014 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Domain name and website | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 08/06/2024 | Squarespace | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$77.94 | 225 Varick Street | | | | |
| BUEROST | New York, NY 10014 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense domain name and website | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 25/32 Rpt: | Cook, Molly C. (Ms.) 00086313 | | | | |
| | | | | | |
| 4 Date | 5 Payee name | | | | |
| 08/21/2024 | Squarespace | | | | |
| 6 Amount (\$) \$35.18 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense domain anme and web site | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 08/28/2024 | Squarespace | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$2.26 | 225 Varick Street New York, NY 10014 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense domain name and website | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 09/06/2024 | Squarespace | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$85.73 | 225 Varick Street | | | | |
| DUDDOOF | New York, NY 10014 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense domain name and websire | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | | | |
|---|---|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 26/32 Rpt: | Cook, Molly C. (Ms.) 00086313 | | | | |
| 4 Date | | | | | |
| | 5 Payee name | | | | |
| 09/23/2024 | Squarespace | | | | |
| 6 Amount (\$) \$38.38 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign website + domain name | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 07/30/2024 | Target | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$269.53 | 2075 Westheimer RD Houston, TX 77098 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for campaign event | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 08/12/2024 | Texas Democratic Women of Harris County | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$190.00 | 1060 Kirkwren Dr | | | | |
| BUBBCCT | Houston, TX 77089 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense luncheon + membership tickets for campaign | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | |
| | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|---|---|
| 1 | Total pages Schedule F1: | 2 EILER NAME | Filer ID (Ethics Commission Filers) |
| - | Sch: 27/32 Rpt: | | 00086313 |
| | | | 0000010 |
| 4 | Date | 5 Payee name | |
| | 08/16/2024 | Texas Lobby Guide | |
| 6 | Amount (\$) \$54.13 | Payee address; City; State; Zip Code PO Box4611753 San Antonio, TX 78246 | |
| _ | DUDDOOT | | |
| 8 | PURPOSE OF EXPENDITURE | | le of Texas. Complete Schedule T. officeholder living expense ISS |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held |
| | Date | Payee name | |
| | 08/28/2024 | Texas Senate Democratic Caucus | |
| | Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code PO Box 1721 Austin, TX 78767 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outsid | le of Texas. Complete Schedule T. officeholder living expense om campaign |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held |
| | Date | Payee name | |
| | 08/26/2024 | UH Parking | |
| | Amount (\$) \$10.00 | Payee address; City; State; Zip Code 4224Elgin | |
| | | Houston, TX 44204 | |
| | PURPOSE OF EXPENDITURE | | le of Texas. Complete Schedule T. officeholder living expense ing engagement |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
|---|---|--|--|---|-------------|----|---------|--|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILF | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 28/32 Rpt: | | , Molly C. (Ms.) | | | | ľ | 00086313 | () |
| 4 | Date | 5 Pave | e name | | | | • | | |
| | 09/17/2024 | | ex Bank | | | | | | |
| 6 | Amount (\$) \$25.90 | 4000 | e address; City; Greenbriar ston, TX 77098 | State; | ; Zip Coo | le | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense New checkbook for campaign | | | | | expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ate/Officeholder name | C | Office souç | ht | | Office he | əld |
| | Date | Paye | e name | | | | | | |
| | 09/12/2024 | Verit | ex Bank | | | | | | |
| | Amount (\$) \$10.00 | 4000 | e address; City; Greenbriar ston, TX 77098 | State; | ; Zip Coo | le | | | |
| | PURPOSE OF EXPENDITURE | (a) Cate | Jory (See Categories listed at th unting/Banking | ne top of this sch | edule) | | ı, TX | ide of Texas. Com , officeholder living ? | · |
| | Complete ONLY if direct expenditure to benefit C/OF | | ate/Officeholder name | C | Dffice soug | ht | | Office he | eld |
| | Date | Pave | e name | | | | | | |
| | 09/23/2024 | | reens | | | | | | |
| | Amount (\$) \$10.27 | | e address; City; West Gray | State; | ; Zip Coo | le | | | |
| | | Hous | ton, TX 77019 | | | | | | |
| | PURPOSE OF EXPENDITURE | | JORY (See Categories listed at th /Beverage Expense | ne top of this sch | iedule) | | ı, TX | ide of Texas. Com , officeholder living Dffice | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ate/Officeholder name | C | Office soug | ht | | Office he | eld |
| | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 29/32 Rpt: | Cook, Molly C. (Ms.) 00086313 | | | | |
| 4 Date | 5 Payee name | | | | |
| 07/22/2024 | Walmart | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$127.69 | 5405 S Rice Ave | | | | |
| | | | | | |
| | Houston, TX 77081 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | | | | | |
| | campaign staff meeting | | | | |
| | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | I Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Davias nome | | | | |
| | Payee name | | | | |
| 07/22/2024 | Walmart | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$17.03 | 5405 S Rice Ave | | | | |
| | | | | | |
| | Houston, TX 77081 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF | Food/Beverage Expense | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | campaign staff meeting | | | | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/O | | | | | |
| Data | Development | | | | |
| Date | Payee name | | | | |
| 09/16/2024 | Weglot | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$321.99 | 1200 12th avenue | | | | |
| | | | | | |
| | Seattle, WA 98144 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | campaign website translation services | | | | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/O | | | | | |
| | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment | | | EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|--|---|-----|---|--------------------------|-----------------|------------|---|--------|---------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 30/32 Rpt: | | Cook, Molly C | c. (Ms.) | | | | | 00086313 | |
| 4 | Date | 5 | 5 Payee name | | | | | | | |
| | 09/09/2024 | | Whole Foods | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; | ; Zip Co | de | | | |
| | \$12.67 | | 1700 Post Oa | k | | | | | | |
| | | | | | | | | | | |
| | | | Houston, TX 7 | 77056 | | | | | | |
| 8 | PURPOSE | (a) | Category (See | Categories listed at the | ton of this sch | edule) | (b) Description | | | |
| | OF | | Food/Beverag | | | cuuic) | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | | Check if Austin | ı, ТХ, | officeholder living | expense |
| | | | | | | | for campaign | sta | aff | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Office | holder name | C | Office sou | Jht | | Office he | łld |
| | Date | | Payee name | | | | | | | |
| | 09/22/2024 | | Women in No | vember | | | | | | |
| | Amount (\$) | | Payee address: | City; | State | Zip Co | 10 | | | |
| | \$1,000.00 | | 15918 Caven | - | State, | , zip co | | | | |
| | \$1,000.00 | | 15910 Caven | uisii | | | | | | |
| | | | Houston, TX 7 | 77049 | | | | | | |
| | PURPOSE OF | (a) | Category (See | Categories listed at the | top of this sch | edule) | (b) Description | | | |
| | EXPENDITURE | | | Donations Mag | | | | | de of Texas. Com | |
| | | | Candidate/Off | iceholder/Politi | cal Comm | littee | | I, IX, | officeholder living | expense |
| | | | | | | | Contribution | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Office | holder name | C | Office sou | jht | | Office he | ld |
| | | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 07/05/2024 | | Zoom.US | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State: | ; Zip Co | le | | | |
| | \$34.10 | | 55 Almaden E | | , | ,p | | | | |
| | \$6 1120 | | | | | | | | | |
| | | | San Jose, CA | 95113 | | | | | | |
| | PURPOSE | (a) | Category (See | Categories listed at the | top of this sch | edule) | (b) Description | | | |
| | OF EXPENDITURE | | | ad/Rental Expe | | | | | de of Texas. Com | |
| | | | | | | | | | officeholder living | expense |
| | | | | | | | campaign so | ftwa | are | |
| L | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Office | holder name | (| Office sou | ght | | Office he | ld |
| | | | | | | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|-------------------------------------|---|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi Legal Services Salari The Instruction Guide explains how to | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | ILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 31/32 Rpt: | Cook, Molly C. (Ms.) | | 00086313 | |
| 4 | Date | Payee name | | | |
| | 08/05/2024 | Zoom.US | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip | Code | | |
| | \$34.10 | 5 Almaden Boulevard | | | |
| | | | | | |
| | | San Jose, CA 95113 | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule) | (b) Description | | |
| | OF EXPENDITURE | ees | | outside of Texas. Complete Schedule T. | |
| | | | | n, TX, officeholder living expense | |
| | | | campaign so | liware | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | andidate/Officeholder name Office | sought | Office held | |
| | Date | Payee name | | | |
| | 09/05/2024 | Zoom.US | | | |
| | Amount (\$) | Payee address; City; State; Zip | Code | | |
| | \$34.10 | 5 Almaden Boulevard | | | |
| | | San Jose, CA 95113 | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | outside of Texas. Complete Schedule T. h, TX, officeholder living expense ftware | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | andidate/Officeholder name Office | sought | Office held | |
| F | Date | Payee name | | | |
| | 09/05/2024 | neyerland Area Democrats | | | |
| | Amount (\$) | Payee address; City; State; Zip | Code | | |
| | \$250.00 | PO Box 310061 | | | |
| | | louston, TX 77231 | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule) | (b) Description | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | outside of Texas. Complete Schedule T. | |
| | EXPENDITORE | Candidate/Officeholder/Political Committee | | n, TX, officeholder living expense | |
| | | | event sponso | orsnip | |
| | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office | sought | Office held | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|-------------------------------------|---|--|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repay Fees Office Overt Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp Legal Services Salaries/Wa The Instruction Guide explains how to com | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | ILER NAME | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 32/32 Rpt: | Cook, Molly C. (Ms.) | | 00086313 | |
| 4 | Date 07/11/2024 | Payee name nyurl.com | | | |
| 6 | Amount (\$) | vayee address; City; State; Zip Cod | | | |
| • | \$12.99 | Sioux Falls, SD 57104 | - | | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | de of Texas. Complete Schedule T. . officeholder living expense 'are | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Indidate/Officeholder name Office soug | nt | Office held | |
| | Date | Payee name | | | |
| | 08/12/2024 | nyurl.com | | | |
| | Amount (\$) \$12.99 | Payee address; City; State; Zip Cod 916 North Potsdam Avenue Suite 4535 | 9 | | |
| | DUDDOGE | Sioux Falls, SD 57104 | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | de of Texas. Complete Schedule T. officeholder living expense ARE | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name Office soug | nt | Office held | |
| | Date | ayee name | | | |
| | 09/11/2024 | nyurl.com | | | |
| | Amount (\$) | vayee address; City; State; Zip Cod | e | | |
| | \$12.99 | 916 North Potsdam Avenue Suite 4535 | | | |
| | | Sioux Falls, SD 57104 | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | de of Texas. Complete Schedule T. . officeholder living expense A re | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | undidate/Officeholder name Office soug | nt | Office held | |
| | | | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| The Instruction Guide explains how to complete this form. | | | | | | 1 Total pages Schedule T: Sch: 1/2 Rpt: 114/115 | | |
|---|---|------------------------|--------------------------|-----------|-------------|--|-----------------|---------------|
| 2 FILER NAME | | | | | | 3 Filer ID (Ethics Commission Filers) | | |
| Cook, Molly C. (Ms.) | | | | | | 00 | 0086313 | · |
| 4 Name of Contribut | tor / Corpor | ation or Labor Orgar | ization / Pledgor /Paye | e | | | | |
| Southwest Airlin | ies | | | | | | | |
| 5 Contribution / Exp | enditure rep | ported on: | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Sch | edule C2 | Γ | Schedule D | X Schedule F1 |
| Schedule F2 | | Schedule F4 | Schedule G | Sch | edule H | | Schedule COH-UC | — |
| 6 Dates of Travel | 7 Name | of person(s) traveline |) | | | | | |
| | Cook, | Molly (Sen.) | | | | | | |
| | 8 Depart | ure city or name of c | leparture location | | | | | |
| 08/04/2024 | Houst | | | | | | | |
| | 9 Destina | ation city or name of | destination location | | | | | |
| 08/04/2024 | Louis | 2 | | | | | | |
| | | | | | | | | |
| 10 Means of transpor | | | el (including name of co | | | | , | |
| Commercial Airp | Jiane | To allend the | national Council of S | state Leg | Islatures d | unierer | | |
| Name of Contribut | tor / Corpor | ation or Labor Orgar | ization / Pledgor /Paye | e | | | | |
| Southwest Airlin | es | | | | | | | |
| Contribution / Exp | enditure rep | ported on: | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Sch | edule C2 | Г | Schedule D | X Schedule F1 |
| Schedule F2 | | Schedule F4 | Schedule G | | edule H | | Schedule COH-UC | |
| | | | | | | | | |
| Dates of Travel | Dates of Travel Name of person(s) traveling | | | | | | | |
| | Соок, | Molly (Sen.) | | | | | | |
| | Depart | ure city or name of c | leparture location | | | | | |
| 08/07/2024 | Louis | /ille | | | | | | |
| | Destina | ation city or name of | destination location | | | | | |
| 08/07/2024 | Houst | on | | | | | | |
| Means of transpor | Means of transportation Purpose of travel (including name of conference, seminar, or other event) | | | | | | | |
| Commercial Airp | Commercial Airplane To attend the national Council of State Legislatures conference | | | | | | | |
| Name of Contribut | Name of Contributor / Corporation or Labor Organization / Pledgor /Payee | | | | | | | |
| Southwest Airlin | | allori or Eason Organ | | | | | | |
| | | artad any | | | | | | |
| Contribution / Exp | | | | | | F | | Cabadula 51 |
| Schedule A2 | | Schedule B | Schedule B(J) | | edule C2 | Ļ | Schedule D | X Schedule F1 |
| Schedule F2 | | Schedule F4 | Schedule G | Sch | edule H | L | Schedule COH-UC | |
| Dates of Travel | Dates of Travel Name of person(s) traveling | | | | | | | |
| | Smither, Ally (Ms.) | | | | | | | |
| | Departure city or name of departure location | | | | | | | |
| 08/04/2024 | | | | | | | | |
| Destination city or name of destination location | | | | | | | | |
| 08/04/2024 | | | | | | | | |
| | | | | | | | | |
| Means of transpor | | - | | | | | | |
| Commercial Airp | JIAI IE | | national Council of S | nale Leg | isialures C | unerer | | |
| | | | | | | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee | | | | | | | |
|--|---|--|--|--|--|--|--|
| Southwest Airlines | | | | | | | |
| 5 Contribution / Expe | Contribution / Expenditure reported on: | | | | | | |
| Schedule A2 | Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 | | | | | | |
| Schedule F2 | Schedule F4 Schedule G Schedule H Schedule COH-UC | | | | | | |
| 6 Dates of Travel | 7 Name of person(s) traveling | | | | | | |
| | Smither, Ally (Ms.) | | | | | | |
| | 8 Departure city or name of departure location | | | | | | |
| 08/07/2024 | | | | | | | |
| | 9 Destination city or name of destination location | | | | | | |
| 08/07/2024 | Houston | | | | | | |
| 10 Means of transpor | | | | | | | |
| Commercial Airp | plane To attend National Council of State Legislatures conference | | | | | | |
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