

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086313	2 Total pages filed: 115			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Molly C.	MI MI	<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 10/07/2024		
	NICKNAME	LAST Cook	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 667238  Houston, TX 77266			Date Hand-delivered or Date Postmarked		
	Receipt #			Amount		
	Date Processed					
	Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Leif	MI MI			
	NICKNAME	LAST Hatlen	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13527 N. Tracewood Bend  Houston, TX 77077					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(281)	493-3107				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/01/2024		THROUGH		09/26/2024
10 ELECTION	ELECTION DATE Month   Day   Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 15			12 OFFICE SOUGHT (if known) State Senator District 15		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	55,696.63
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	52,126.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	61,875.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Ms. Molly C. Cook

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/77 Rpt: 5/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antin, Quealy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009-7533	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Ken <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043-1315	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) K Arnold Consulting Inc
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnsparger, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059-6448	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnsparger, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059-6448	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Harvey <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3008	Amount of Contribution (\$)  \$36.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/77 Rpt: 6/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avey, Melinda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664-9618	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baca, Sylvia <hr/> Contributor address; City; State; Zip Code  San Dimas, CA 91773-3151	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barahona, Gabriela <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6709	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barcenassr, Camilo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027-4141	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) self
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, George <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-6508	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) TEI Planning + Design

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/77 Rpt: 7/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, George <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009-6508	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) TEI Planning + Design
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, George <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-6508	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) TEI Planning + Design
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, Janet P <hr/> Contributor address; City; State; Zip Code  Little Rock, AR 72223-4297	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, Janet P <hr/> Contributor address; City; State; Zip Code  Little Rock, AR 72223-4297	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batdorf, Joseph <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077-2926	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) J Turner Research

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/77 Rpt: 8/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beam, Kelly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018-5312	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Research Attorney		<b>9</b> Employer (See Instructions) Jackson Walker
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Thomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5120	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Thomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5120	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035-3416	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired from non profit		Employer (See Instructions) Family Literacy Network
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035-3416	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired from non profit		Employer (See Instructions) Family Literacy Network

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/77 Rpt: 9/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Eldo <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77035-3416	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired from non profit		<b>9</b> Employer (See Instructions) Family Literacy Network
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Francis Contributor address; City; State; Zip Code  Houston, TX 77006-1358	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Architectural draftsman		Employer (See Instructions) Self
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne Contributor address; City; State; Zip Code  Sioux Falls, SD 57104-7048	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) truck driver		Employer (See Instructions) self
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne Contributor address; City; State; Zip Code  Sioux Falls, SD 57104-7048	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) truck driver		Employer (See Instructions) self
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne Contributor address; City; State; Zip Code  Sioux Falls, SD 57104-7048	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) truck driver		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/77 Rpt: 10/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sioux Falls, SD 57104-7048	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) truck driver		<b>9</b> Employer (See Instructions) self
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blick, Suzanne <hr/> Contributor address; City; State; Zip Code  Sioux Falls, SD 57104-7048	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) truck driver		Employer (See Instructions) self
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-1488	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Robinson <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-1488	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston Fire Department
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booser, Helene <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-2926	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/77 Rpt: 11/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boston, Cortney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030-1128	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO & Co-Founder		<b>9</b> Employer (See Instructions) Keekko LLC
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sally <hr/> Contributor address; City; State; Zip Code  New York, NY 10003-9339	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sally <hr/> Contributor address; City; State; Zip Code  New York, NY 10003-9339	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronstein, Dale <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76112-5425	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) Mr.
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Deborah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-6642	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/77 Rpt: 12/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055-6642	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Lee <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-2020	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Lee <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-2020	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Charles <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-1521	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Dillon Kyle Architects
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Robert <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379-6732	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/77 Rpt: 13/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOK, MARK D <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356-4648	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cacciatore, Gary <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-6019	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gary Cacciatore
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calder, Jacob <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98115-4148	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Patreon inc
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Marguerite <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040-3444	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, Veronica <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98118-3501	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/77 Rpt: 14/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Gabe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77011-2822	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Nonprofit Management		<b>9</b> Employer (See Instructions) LINK Houston
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Gabe <hr/> Contributor address; City; State; Zip Code  Houston, TX 77011-2822	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) LINK Houston
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Gabe <hr/> Contributor address; City; State; Zip Code  Houston, TX 77011-2822	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) LINK Houston
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Susan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-4652	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatfield, Mark <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035-3617	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/77 Rpt: 15/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cifarelli, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074-6131	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Librarian		<b>9</b> Employer (See Instructions) City of Plano
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Linda <hr/> Contributor address; City; State; Zip Code  Torrance, CA 90505	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Linda <hr/> Contributor address; City; State; Zip Code  Torrance, CA 90505	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Linda <hr/> Contributor address; City; State; Zip Code  Torrance, CA 90505	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Nicolle <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130-3078	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/77 Rpt: 16/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, Emily <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401-2706	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton IV, Posie Contributor address; City; State; Zip Code  Houston, TX 77055-3425	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions) Guard 1
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Lawrence Contributor address; City; State; Zip Code  Tyler, TX 75703-3966	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cones, Marian Wagner Contributor address; City; State; Zip Code  Houston, TX 77055-4110	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code  Austin, TX 78746-4115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/77 Rpt: 17/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) researcher		<b>9</b> Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) Self
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> Contributor address; City; State; Zip Code  Gretna, LA 70056-4016	Amount of Contribution (\$)  \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> Contributor address; City; State; Zip Code  Gretna, LA 70056-4016	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> Contributor address; City; State; Zip Code  Gretna, LA 70056-4016	Amount of Contribution (\$)  \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/77 Rpt: 18/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Gretna, LA 70056-4016	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crochet, Carolyn <hr/> Contributor address; City; State; Zip Code  Gretna, LA 70056-4016	Amount of Contribution (\$)  \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crocker, Samuel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crocker, Samuel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cylkowski, Andrew <hr/> Contributor address; City; State; Zip Code  Eureka Springs, AR 72632-0186	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/77 Rpt: 19/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77025-4543	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Economic Analyst		<b>9</b> Employer (See Instructions) StaffLink Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-4543	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-4543	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027-4004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Vynckier
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Mary <hr/> Contributor address; City; State; Zip Code  Jacksonville, TX 75766-1301	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/77 Rpt: 20/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dimarco, Corrine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Orlando, FL 32812-8649	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doherty, Kyle <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-7404	Amount of Contribution (\$)  \$24.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baker Botts LLP
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dukes, Thomas <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-5532	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EYE-PAC of the Texas Ophthalmological Association <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1667	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelstein, Susan <hr/> Contributor address; City; State; Zip Code  Cary, NC 27511-5668	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/77 Rpt: 21/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelstein, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cary, NC 27511-5668	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehlinger, Chris <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-3209	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkin, Jeffrey R. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3702	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mouer Huston PLLC
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Paul <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077-5902	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Rochelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78753-5112	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/77 Rpt: 22/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Rochelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78753-5112	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Rochelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78753-5112	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Rochelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78753-5112	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Rochelle <hr/> Contributor address; City; State; Zip Code  Austin, TX 78753-5112	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enchanted Rock Holdings LLC Employee Political Action Committee <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-1043	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/77 Rpt: 23/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008-6964	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eriksen, Erin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-6964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falender, Allie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-4324	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Shell
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falender, Allie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-4324	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Shell
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Clarence <hr/> Contributor address; City; State; Zip Code  Mechanicsburg, PA 17055-5402	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) FINACIAL ANALYST		Employer (See Instructions) US NAVY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/77 Rpt: 24/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierman, Carole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mountain Brk, AL 35223-2720	<b>7</b> Amount of Contribution (\$)  \$1.58
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forney, Jan Lynette <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-4403	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) geophysicist		Employer (See Instructions) swift energy
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forney, Jan Lynette <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-4403	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) geophysicist		Employer (See Instructions) swift energy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Allison <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-2127	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) international student counselor		Employer (See Instructions) University of Houston
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Allison <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-2127	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) international student counselor		Employer (See Instructions) University of Houston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/77 Rpt: 25/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Olive <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ukiah, CA 95482-6849	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Olive <hr/> Contributor address; City; State; Zip Code  Ukiah, CA 95482-6849	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Olive <hr/> Contributor address; City; State; Zip Code  Ukiah, CA 95482-6849	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Winfred <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401-4442	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Mark <hr/> Contributor address; City; State; Zip Code  Miami, FL 33157-7165	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Nicklaus Childrens

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/77 Rpt: 26/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Mary Anne Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096-6109	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-1704	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NIH
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-1704	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NIH
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullem, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-1704	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NIH
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galbraith, Lucy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054-2018	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Urbanist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/77 Rpt: 27/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galbraith, Lucy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-2018	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Urbanist		<b>9</b> Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamson, Barbara <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-5822	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Dawn <hr/> Contributor address; City; State; Zip Code  Saginaw, MI 48603-9632	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hope Network
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerron, Jerry <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070-2331	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerron, Jerry <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070-2331	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/77 Rpt: 28/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstenhaber, Suzi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056-4116	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Waldman Smallwood
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstenhaber, Suzi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056-4116	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Waldman Smallwood
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Constance <hr/> Contributor address; City; State; Zip Code  New York, NY 10025-5825	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golding, Constance <hr/> Contributor address; City; State; Zip Code  New York, NY 10025-5825	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Kenneth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6111	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/77 Rpt: 29/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Kenneth <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-6111	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goradia, Vishal Contributor address; City; State; Zip Code  Houston, TX 77007-7008	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Vinmar International
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan Contributor address; City; State; Zip Code  Houston, TX 77009-1482	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan Contributor address; City; State; Zip Code  Houston, TX 77009-1482	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan Contributor address; City; State; Zip Code  Houston, TX 77009-1482	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/77 Rpt: 30/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009-1482	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimm, Alice <hr/> Contributor address; City; State; Zip Code  Oakland, CA 94611-5728	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Customer Success		Employer (See Instructions) LeanTaaS
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Debra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-4215	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadagnolo, Ashleigh <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-1816	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gueary, Emmitt <hr/> Contributor address; City; State; Zip Code  Crosby, TX 77532-3391	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Console Operator		Employer (See Instructions) ExxonMobil

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/77 Rpt: 31/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-6701	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Waste Management
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallenbeck, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-6701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Waste Management
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Dennis <hr/> Contributor address; City; State; Zip Code  Denver, CO 80203-4646	Amount of Contribution (\$)  \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Dennis <hr/> Contributor address; City; State; Zip Code  Denver, CO 80203-4646	Amount of Contribution (\$)  \$1.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/77 Rpt: 32/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Dennis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80203-4646	<b>7</b> Amount of Contribution (\$)  \$1.50
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-6413	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) retired
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Dorcas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-6413	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) librarian		Employer (See Instructions) retired
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723-4900	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723-4900	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/77 Rpt: 33/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-4900	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Liz <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-4341	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Andrew <hr/> Contributor address; City; State; Zip Code  Snohomish, WA 98296-5246	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) teacher!!		Employer (See Instructions) Everett Public Schools
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Andrew <hr/> Contributor address; City; State; Zip Code  Snohomish, WA 98296-5246	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) teacher!!		Employer (See Instructions) Everett Public Schools
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Andrew <hr/> Contributor address; City; State; Zip Code  Snohomish, WA 98296-5246	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) teacher!!		Employer (See Instructions) Everett Public Schools

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/77 Rpt: 34/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Quin R <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008-4144	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> Contributor address; City; State; Zip Code  Tomales, CA 94971	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> Contributor address; City; State; Zip Code  Tomales, CA 94971	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Nick <hr/> Contributor address; City; State; Zip Code  Tomales, CA 94971	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haseltine, Barbara <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-2416	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/77 Rpt: 35/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathaway, Patrice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-2448	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$1.05</div>
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Independent Golf Research
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatoum, Nabil <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60618-8053	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henschen, Robert <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401-2815	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) musician		Employer (See Instructions) self
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillegas, Bob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3815	Amount of Contribution (\$)  <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillegas, Bob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3815	Amount of Contribution (\$)  <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/77 Rpt: 36/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillegas, Bob <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080-3815	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirschmann, Sue <hr/> Contributor address; City; State; Zip Code  Houston, TX 77081-7409	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Alief I.S.D.
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirschmann, Sue <hr/> Contributor address; City; State; Zip Code  Houston, TX 77081-7409	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Alief I.S.D.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirschmann, Sue <hr/> Contributor address; City; State; Zip Code  Houston, TX 77081-7409	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Alief I.S.D.
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Joseph <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90041-2946	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/77 Rpt: 37/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90041-2946	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Joseph <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90041-2946	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-1701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homier, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3621	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) none
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15224-2239	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/77 Rpt: 38/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair <b>6</b> Contributor address; City; State; Zip Code Pittsburgh, PA 15224-2239	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Clair Contributor address; City; State; Zip Code Pittsburgh, PA 15224-2239	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia Contributor address; City; State; Zip Code Houston, TX 77062-3656	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia Contributor address; City; State; Zip Code Houston, TX 77062-3656	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Craig Contributor address; City; State; Zip Code Houston, TX 77005-2340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/77 Rpt: 39/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248-3480	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Social Worker		<b>9</b> Employer (See Instructions) Lifepoint Health
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-3480	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Heather <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-3480	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Lifepoint Health
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-3704	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-3704	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/77 Rpt: 40/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Scott <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-3704	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huebel, Martha Ann Contributor address; City; State; Zip Code  Houston, TX 77035-2424	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, William Roland Contributor address; City; State; Zip Code  Humble, TX 77346-2640	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Material Handling and Controls
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, William Roland Contributor address; City; State; Zip Code  Humble, TX 77346-2640	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Material Handling and Controls
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, William Roland Contributor address; City; State; Zip Code  Humble, TX 77346-2640	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Material Handling and Controls

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/77 Rpt: 41/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, Wm <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77346-2640	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) product specialist		<b>9</b> Employer (See Instructions) MHC-CMI
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, Wm <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346-2640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) product specialist		Employer (See Instructions) MHC-CMI
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, Wm <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346-2640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) product specialist		Employer (See Instructions) MHC-CMI
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-5727	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isenberg, Roy <hr/> Contributor address; City; State; Zip Code  Silver Spring, MD 20906-1745	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/77 Rpt: 42/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Kehn, Kathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005-3029	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Claire <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3819	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Nonprofit Executive Director		Employer (See Instructions) Doyenne Initiative
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Claire <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3819	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Nonprofit Executive Director		Employer (See Instructions) Doyenne Initiative
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Claire <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3819	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Nonprofit Executive Director		Employer (See Instructions) Doyenne Initiative
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Claire <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3819	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Nonprofit Executive Director		Employer (See Instructions) Doyenne Initiative

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/77 Rpt: 43/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666-2870	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Real estate investor		<b>9</b> Employer (See Instructions) Self
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julson, Andrea <hr/> Contributor address; City; State; Zip Code  Houston, TX 77017-2522	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Project Analyst		Employer (See Instructions) H2Bravo
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code  Golden, CO 80403-0101	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code  Golden, CO 80403-0101	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code  Golden, CO 80403-0101	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/77 Rpt: 44/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Karen S. <hr/> <b>6</b> Contributor address; City; State; Zip Code Houston, TX 77098-1888	<b>7</b> Amount of Contribution (\$) \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeney, Carol <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1082	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Nida <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2007	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CAMI Energy
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsley, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-3100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Houston Methodist Hospital
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsley, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-3100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Houston Methodist Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/77 Rpt: 45/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klopp, Tonya <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007-5040	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klopp, Tonya <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5040	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klopp, Tonya <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5040	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kongable, Felicia <hr/> Contributor address; City; State; Zip Code  Portland, OR 97222-8228	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosberg, Robin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-6305	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/77 Rpt: 46/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosobud, Terry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749-1161	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1000	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1000	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalchuk, Alicia Ann <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1000	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozma, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-5431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) University of Houston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/77 Rpt: 47/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozma, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-5431	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Adjunct Professor		<b>9</b> Employer (See Instructions) University of Houston
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kusin, Betsy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-5843	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Baylor College of Medicine
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Ann-Marie <hr/> Contributor address; City; State; Zip Code  Sheboygan, WI 53081-2901	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) WTC Consulting Inc.
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Ann-Marie <hr/> Contributor address; City; State; Zip Code  Sheboygan, WI 53081-2901	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) WTC Consulting Inc.
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Ann-Marie <hr/> Contributor address; City; State; Zip Code  Sheboygan, WI 53081-2901	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) WTC Consulting Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/77 Rpt: 48/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landry, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Villages, FL 32162-1131	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-7331	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-7331	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-7331	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-7331	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/77 Rpt: 49/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079-7331	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Psychotherapist		<b>9</b> Employer (See Instructions) Self
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-7331	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legerski, Randy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3555	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449-7504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449-7504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/77 Rpt: 50/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, Byron <hr/> <b>6</b> Contributor address; City; State; Zip Code Katy, TX 77449-7504	<b>7</b> Amount of Contribution (\$) \$7.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene Ross <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Alene Ross <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Evan <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7493	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Winston & Strawn LLP
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Debra <hr/> Contributor address; City; State; Zip Code Brentwood, TN 37027-5728	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/77 Rpt: 51/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Debra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brentwood, TN 37027-5728	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Debra <hr/> Contributor address; City; State; Zip Code  Brentwood, TN 37027-5728	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lomax, Nancy Robinson <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-3535	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lomax, Nancy Robinson <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-3535	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lomax, Nancy Robinson <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-3535	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/77 Rpt: 52/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loo, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006-4516	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Investment Manager		<b>9</b> Employer (See Instructions) Self
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malik, Semra <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-2961	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) OneGoal
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallette, Larry <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-1206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) self employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jack <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75057-3866	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Matthew SW/Matthew Holdings
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, George C <hr/> Contributor address; City; State; Zip Code  Colorado Springs, CO 80918-4107	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Boeing Space Exploration

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/77 Rpt: 53/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, George C <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colorado Springs, CO 80918-4107	<b>7</b> Amount of Contribution (\$)  \$6.00
<b>8</b> Principal occupation / Job title (See Instructions) Electrical Engineer		<b>9</b> Employer (See Instructions) Boeing Space Exploration
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, George C <hr/> Contributor address; City; State; Zip Code  Colorado Springs, CO 80918-4107	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Boeing Space Exploration
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcauliffe, Keith <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401-4210	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Hewlett Packard Enterprise
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcelroy, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-2538	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Health and Human Svcs Dept
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuinness, William <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-3470	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Harris Co OMB

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/77 Rpt: 54/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77074-7739	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcmillin, Joan <hr/> Contributor address; City; State; Zip Code  Sioux Falls, SD 57105-6756	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michon, Nancy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77092-1013	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Stewart Title
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michon, Nancy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77092-1013	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Stewart Title
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Patrick <hr/> Contributor address; City; State; Zip Code  Houston, TX 77003-3912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Research Attorney		Employer (See Instructions) Bracewell

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/77 Rpt: 55/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minesinger, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Desoto, TX 75115-4143	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murison, Patricia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-6058	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) X
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narcisse, Jude <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584-2529	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Christopher <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-1938	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) musician		Employer (See Instructions) Houston Symphony
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5325	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas Southern University

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/77 Rpt: 56/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007-5325	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Texas Southern University
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5325	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas Southern University
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5325	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas Southern University
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-5325	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas Southern University
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noriega, Melissa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023-3024	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/77 Rpt: 57/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noriega, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77023-3024	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohrt, Frank <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-2209	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723-5445	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Patricia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-2939	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paget, Anne <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-1490	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Houston Community College

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/77 Rpt: 58/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pagni, Jean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Reno, NV 89503-2850	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pagni, Jean <hr/> Contributor address; City; State; Zip Code  Reno, NV 89503-2850	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pagni, Jean <hr/> Contributor address; City; State; Zip Code  Reno, NV 89503-2850	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-1018	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - PANIC
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-1018	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Art Assistant		Employer (See Instructions) Picrow Streaming - PANIC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/77 Rpt: 59/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745-1018	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Art Assistant		<b>9</b> Employer (See Instructions) Picrow Streaming - PANIC
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Hiep <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-3235	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) TCH
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Isaac <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023-1348	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Grid United LLC
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Isaac <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023-1348	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Grid United LLC
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Isaac <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023-1348	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Grid United LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/77 Rpt: 60/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis W <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78763-0038	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) J Pinnelli Company LLC
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poitras, Sandra <hr/> Contributor address; City; State; Zip Code  Rosemount, MN 55068-3581	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744-4510	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Choice Magazine Listening
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744-4510	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Choice Magazine Listening
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popham, Jay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744-4510	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Choice Magazine Listening

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/77 Rpt: 61/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portugal, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401-3708	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Memorial Hermann
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Presler, Renita <hr/> Contributor address; City; State; Zip Code  Indiantown, FL 34956-3543	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Public Blueprint LLC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2522	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quaintance, Don <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-5073	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Graphic Design		Employer (See Instructions) Public Address
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quaintance, Don <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-5073	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Graphic Design		Employer (See Instructions) Public Address

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/77 Rpt: 62/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quaintance, Don <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006-5073	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Graphic Design		<b>9</b> Employer (See Instructions) Public Address
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quick, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-5917	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Judy <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505-4218	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) agent		Employer (See Instructions) State Farm Insurance
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raskin, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-4752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) University of Houston
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raskin, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-4752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) University of Houston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/77 Rpt: 63/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Rob <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78660-2571	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayner, Rob <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660-2571	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reichek, Jennifer <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-7201	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Anthony <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-1712	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) HCC
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochen, Shari Dawn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-2413	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Veteran?s Health Administration

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/77 Rpt: 64/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002-7661	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Senior Digital Strategist		<b>9</b> Employer (See Instructions) Mandate Media
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-7661	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) Mandate Media
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Isaiah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-7661	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) Mandate Media
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Carmen <hr/> Contributor address; City; State; Zip Code  Bradenton, FL 34209-5815	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Technology consultant		Employer (See Instructions) Wipfli llp
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, John <hr/> Contributor address; City; State; Zip Code  Frederick, MD 21701-3023	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/77 Rpt: 65/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433-2185	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Project manager		<b>9</b> Employer (See Instructions) Fidelity National Information Services
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudolph, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3823	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) massage therapist		Employer (See Instructions) self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudolph, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-3823	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) massage therapist		Employer (See Instructions) self
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruthven, Les <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-7229	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Shell
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakellarides, Adam <hr/> Contributor address; City; State; Zip Code  Pasadena, CA 91106-2913	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Motion Graphics Designer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/77 Rpt: 66/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakellarides, Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pasadena, CA 91106-2913	<b>7</b> Amount of Contribution (\$)  \$7.00
<b>8</b> Principal occupation / Job title (See Instructions) Motion Graphics Designer		<b>9</b> Employer (See Instructions) Self
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samandari, Sudy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030-1825	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) On Sunset Boulevard Inc
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Paula <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-4611	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Vincent <hr/> Contributor address; City; State; Zip Code  Houston, TX 77071-1519	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Systems Planner		Employer (See Instructions) Houston METRO
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schriber, William <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3337	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/77 Rpt: 67/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schriber, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005-3337	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Mary Emily <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-4438	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Mary Emily <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-4438	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Mary Emily <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-4438	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuster, Phyllis <hr/> Contributor address; City; State; Zip Code  Ruidoso, NM 88345-6055	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/77 Rpt: 68/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuster, Phyllis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ruidoso, NM 88345-6055	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Cathy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252-4937	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seilheimer, Dan <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401-5117	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shain, Paul <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006-5104	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Paul Shain Art LLC
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Kathy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3635	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/77 Rpt: 69/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shevlin, Josiah <hr/> <b>6</b> Contributor address; City; State; Zip Code Quincy, MA 02170-2612	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Rehabilitation counselor		<b>9</b> Employer (See Instructions) Scfmhc
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Finastra
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Finastra
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Finastra
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Beth <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-2146	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Rice University

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/77 Rpt: 70/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siemers-Kennedy, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-4318	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Mott MacDonald
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siemers-Kennedy, Laura <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-4318	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Mott MacDonald
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Saloni <hr/> Contributor address; City; State; Zip Code  El Cerrito, CA 94530-1710	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) California Department of State Hospitals
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, Kenneth <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-7547	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slavik, Alina <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004-1254	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Content Production		Employer (See Instructions) Rice University

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/77 Rpt: 71/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006-4652	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Broker		<b>9</b> Employer (See Instructions) Self-Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, William J <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-3914	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, William J <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-3914	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, William J <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-3914	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SoRelle, Paul <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035-2428	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/77 Rpt: 72/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SoRelle, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77035-2428	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SoRelle, Paul <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035-2428	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soli, Victoria <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-3022	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparvero, Scott <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-1509	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sponberg, Edward T. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77081-7421	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/77 Rpt: 73/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Frank <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006-5945	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1454	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbach, Douglas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1454	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		Employer (See Instructions) Rice University
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Garland <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023-7946	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Hilton, Lee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-1620	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/77 Rpt: 74/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucko, Craig <hr/> <b>6</b> Contributor address; City; State; Zip Code  Commack, NY 11725-1619	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) engineer		<b>9</b> Employer (See Instructions) Royal Products
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swiech, Carol <hr/> Contributor address; City; State; Zip Code  Houston, TX 77082-6810	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taaffe, Peter <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-2824	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Taaffe & Associates
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenney, Brian <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-7538	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Lockheed Martin
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2181	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/77 Rpt: 75/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-0024	<b>7</b> Amount of Contribution (\$)  \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas REALTORS PAC Non-Corporate Contributor address; City; State; Zip Code  Austin, TX 78768-2246	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Teachers Association Political Action Committee Contributor address; City; State; Zip Code  Austin, TX 78759-8327	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Donald Contributor address; City; State; Zip Code  Houston, TX 77045-3223	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Diane Contributor address; City; State; Zip Code  Hillsborough, CA 94010-6152	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/77 Rpt: 76/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hillsborough, CA 94010-6152	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) University of Houston PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77046-0106	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Slyke, Glen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-5309	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernon, Frances <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308-3316	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernon, Frances <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308-3316	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/77 Rpt: 77/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W Walker, Cliff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1186	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Political Operative		<b>9</b> Employer (See Instructions) Seeker Strategies
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code  Valdez, AK 99686-1503	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Elizabeth <hr/> Contributor address; City; State; Zip Code  Valdez, AK 99686-1503	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-3208	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-3208	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/77 Rpt: 78/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Joy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-7717	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-4241	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) caregiver coach		Employer (See Instructions) self-employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-4241	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) caregiver coach		Employer (See Instructions) self-employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weir, Greg <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035-3714	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-5225	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/77 Rpt: 79/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098-5225	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-5225	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stevan <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76903-8643	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Wayne <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758-3811	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-1647	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PRA Analyst		Employer (See Instructions) ARES Technical Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/77 Rpt: 80/115
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005-1647	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PRA Analyst		<b>9</b> Employer (See Instructions) ARES Technical Services
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code  Spring, TX 77393-2166	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woessner Gauci, Kathryn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-8000	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) None
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre, Mark <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-4728	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) University of Houston

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 81/115	
<b>2</b> FILER NAME Cook, Molly C. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086313	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 08/29/2024	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ni, Solomon <hr/> <b>7</b> Contributor address; City; State; Zip Code  Houston, TX 77054	<b>8</b> Amount of contribution (\$) \$308.00	<b>9</b> In-kind contribution description photos from May 28 2024  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/32 Rpt: 82/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/26/2024	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$1,000.73	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Amazon	
Amount (\$) \$29.98	Payee address; City; State; Zip Code 41 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for district office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name BCom Solutions	
Amount (\$) \$2,800.00	Payee address; City; State; Zip Code 747 O St Suite 150  Lincoln, NE 68521	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/32 Rpt: 83/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/19/2024	<b>5</b> Payee name BCom Solutions	
<b>6</b> Amount (\$) \$2,200.00	<b>7</b> Payee address; City; State; Zip Code 747 O St Suite 150  Lincoln, NE 68521	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email fundraising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/22/2024	Candidate/Officeholder name Office sought Office held	
Payee name BCom Solutions		
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 747 O St Suite 150  Lincoln, NE 68521	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name Back Pocket LLC		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5900 Balconess  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/32 Rpt: 84/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/29/2024	<b>5</b> Payee name Big Tex Storage	
<b>6</b> Amount (\$) \$35.23	<b>7</b> Payee address; City; State; Zip Code 4503 Montrose Blvd  Houston, TX 77006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rental of storage space
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name Big Tex Storage	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 4503 Montrose Blvd  Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rental of storage space
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Big Tex Storage	
Amount (\$) \$58.00	Payee address; City; State; Zip Code 4503 Montrose Blvd  Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/32 Rpt: 85/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/03/2024	<b>5</b> Payee name Big Tex Storage	
<b>6</b> Amount (\$) \$58.00	<b>7</b> Payee address; City; State; Zip Code 4503 Montrose Blvd  Houston, TX 77006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage rental
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Calltime.ai	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3780 KILROY AIRPORT WAY  Long Beach, CA 90806	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Calltime.ai	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3780 KILROY AIRPORT WAY  Long Beach, CA 90806	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/32 Rpt: 86/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Calltime.ai	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 3780 KILROY AIRPORT WAY  Long Beach, CA 90806	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name Canva.com	
Amount (\$) \$45.37	Payee address; City; State; Zip Code 3212 E Cesar Chavez St  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refreshments for campaign staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/32 Rpt: 87/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/25/2024	<b>5</b> Payee name Community Labor Administrative Services	
<b>6</b> Amount (\$) \$55.00	<b>7</b> Payee address; City; State; Zip Code 87-89 5th Ave Suite 600 New York, NY 10003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize access for campaign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Constant Contact	
Amount (\$) \$383.76	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Costco	
Amount (\$) \$149.16	Payee address; City; State; Zip Code 3836 Richmond Ave  Houston, TX 77027	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for District office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/32 Rpt: 88/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Formswift	
<b>6</b> Amount (\$) \$73.55	<b>7</b> Payee address; City; State; Zip Code 1800 Owens St  San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Go Union Printing		
Amount (\$) \$587.97	Payee address; City; State; Zip Code 2600 9th St N  St. Petersburg, FL 33704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense thank you cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Gusto		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/32 Rpt: 89/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/01/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor payroll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$500.00	Payee name Gusto  Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$328.34	Payee name Gusto  Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/32 Rpt: 90/115	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/10/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$2,110.50	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/10/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$61.00	Payee name Gusto	Office held
Purpose (\$) \$61.00	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/10/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$1,119.00	Payee name Gusto	Office held
Purpose (\$) \$1,119.00	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/10/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$1,119.00	Payee name Gusto	Office held
Purpose (\$) \$1,119.00	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/12/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$1,892.02	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Gusto	
Amount (\$) \$422.46	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name Gusto	
Amount (\$) \$1,358.13	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/30/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$282.49	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Gusto	
Amount (\$) \$136.44	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2024	Payee name Gusto	
Amount (\$) \$966.52	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/14/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$217.63	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Gusto	
Amount (\$) \$1,335.74	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Gusto	
Amount (\$) \$278.81	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/05/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$110.86	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name Gusto	
Amount (\$) \$1,714.39	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name Gusto	
Amount (\$) \$538.74	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/12/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$2,584.63	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Gusto	
Amount (\$) \$561.99	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Gusto	
Amount (\$) \$446.60	Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$773.85	<b>7</b> Payee address; City; State; Zip Code 525 20th St  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign payroll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name HEB	
Amount (\$) \$114.66	Payee address; City; State; Zip Code 1701 W Alabama  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name HEB	
Amount (\$) \$158.03	Payee address; City; State; Zip Code 1701 W Alabama  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/15/2024	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$42.56	<b>7</b> Payee address; City; State; Zip Code 1701 W Alabama  Houston, TX 77098	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name HEB	
Amount (\$) \$183.95	Payee address; City; State; Zip Code 1701 W Alabama  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for district office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name HEB	
Amount (\$) \$54.00	Payee address; City; State; Zip Code 1701 W Alabama  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for district office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/17/2024	<b>5</b> Payee name Harris County CD 7 PAC	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 2314 Tannehill Drive  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2024	Payee name Harris County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Houston Black American Democrats	
Amount (\$) \$500.00	Payee address; City; State; Zip Code POBox 2252  Houston, TX 77253	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/21/2024	<b>5</b> Payee name Houston LGBTQ+ Political Caucus PAC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 66664  Houston, TX 77266	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equality brunch sponsor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Houston Toolbank	
Amount (\$) \$60.06	Payee address; City; State; Zip Code 1215 Gazin St  Houston, TX 77020	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for district office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Houston Transgender Unity Committee	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 9999 Westheimer Road  Houston, TX 77042	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HUTC Banquet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/25/2024	<b>5</b> Payee name J & N Printing	
<b>6</b> Amount (\$) \$331.44	<b>7</b> Payee address; City; State; Zip Code 2519 Fairway Park Dr  Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name Jewish Herald Voice	
Amount (\$) \$820.00	Payee address; City; State; Zip Code 3403 Audley St  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political advertising for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Laurel for Texas	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 6686  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/20/2024	<b>5</b> Payee name Morgan Lamantia for Senate	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1324 E Madison  Brownsville, TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name NGP VAN	
Amount (\$) \$405.08	Payee address; City; State; Zip Code 655 15th St NW  Washington, DC 20005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/16/2024	<b>5</b> Payee name National Conference of State Legislators	
<b>6</b> Amount (\$) \$850.00	<b>7</b> Payee address; City; State; Zip Code 444 N. Capitol Ave  Washington, DC 20001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Conference	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference tickets
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Office Depot	
Amount (\$) \$66.56	Payee address; City; State; Zip Code 3443 Kirby Dr  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for district office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Phoebes diner	
Amount (\$) \$53.21	Payee address; City; State; Zip Code 408 W 11th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Principals Roundtable	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code c/o Naomi Doyle-Madrid 10623 Oasis Dr Houston, TX 77096	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Principals' Roundtable campaign sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2024	Payee name Scale to Win	
Amount (\$) \$701.46	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense texting software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Scale to Win	
Amount (\$) \$20.20	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense texting software for campaign texts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/21/2024	<b>5</b> Payee name Squarespace	
<b>6</b> Amount (\$) \$35.18	<b>7</b> Payee address; City; State; Zip Code 225 Varick Street  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain anme and web site
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name Squarespace	
Amount (\$) \$2.26	Payee address; City; State; Zip Code 225 Varick Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name and website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Squarespace	
Amount (\$) \$85.73	Payee address; City; State; Zip Code 225 Varick Street  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name and websire
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Squarespace	
<b>6</b> Amount (\$) \$38.38	<b>7</b> Payee address; City; State; Zip Code 225 Varick Street  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign website + domain name
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name Target	
Amount (\$) \$269.53	Payee address; City; State; Zip Code 2075 Westheimer RD  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Texas Democratic Women of Harris County	
Amount (\$) \$190.00	Payee address; City; State; Zip Code 1060 Kirkwren Dr  Houston, TX 77089	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense luncheon + membership tickets for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/16/2024	<b>5</b> Payee name Texas Lobby Guide	
<b>6</b> Amount (\$) \$54.13	<b>7</b> Payee address; City; State; Zip Code PO Box 4611753  San Antonio, TX 78246	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lobby guide access
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name Texas Senate Democratic Caucus	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 1721  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) membership	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense member dues from campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name UH Parking	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4224Elgin  Houston, TX 44204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking at speaking engagement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/17/2024	<b>5</b> Payee name Veritex Bank	
<b>6</b> Amount (\$) \$25.90	<b>7</b> Payee address; City; State; Zip Code 4000 Greenbriar  Houston, TX 77098	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense New checkbook for campaign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Veritex Bank	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4000 Greenbriar  Houston, TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire transfer fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name Walgreens	
Amount (\$) \$10.27	Payee address; City; State; Zip Code 1919 West Gray  Houston, TX 77019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for district office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/22/2024	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) \$127.69	<b>7</b> Payee address; City; State; Zip Code 5405 S Rice Ave  Houston, TX 77081	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name Walmart	
Amount (\$) \$17.03	Payee address; City; State; Zip Code 5405 S Rice Ave  Houston, TX 77081	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Weglot	
Amount (\$) \$321.99	Payee address; City; State; Zip Code 1200 12th avenue  Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign website translation services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 09/09/2024	<b>5</b> Payee name Whole Foods	
<b>6</b> Amount (\$) \$12.67	<b>7</b> Payee address; City; State; Zip Code 1700 Post Oak  Houston, TX 77056	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for campaign staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name Women in November	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 15918 Cavendish  Houston, TX 77049	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name Zoom.US	
Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Boulevard  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 08/05/2024	<b>5</b> Payee name Zoom.US	
<b>6</b> Amount (\$) \$34.10	<b>7</b> Payee address; City; State; Zip Code 55 Almaden Boulevard  San Jose, CA 95113	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Zoom.US	
Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Boulevard  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name meyerland Area Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 310061  Houston, TX 77231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/32 Rpt:	<b>2</b> FILER NAME Cook, Molly C. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086313
<b>4</b> Date 07/11/2024	<b>5</b> Payee name tinyurl.com	
<b>6</b> Amount (\$) \$12.99	<b>7</b> Payee address; City; State; Zip Code 3916 North Potsdam Avenue Suite 4535  Sioux Falls, SD 57104	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2024	Candidate/Officeholder name Office sought Office held	
Payee name tinyurl.com		
Amount (\$) \$12.99	Payee address; City; State; Zip Code 3916 North Potsdam Avenue Suite 4535  Sioux Falls, SD 57104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name tinyurl.com		
Amount (\$) \$12.99	Payee address; City; State; Zip Code 3916 North Potsdam Avenue Suite 4535  Sioux Falls, SD 57104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2024	Candidate/Officeholder name Office sought Office held	
Payee name tinyurl.com		
Amount (\$) \$12.99	Payee address; City; State; Zip Code 3916 North Potsdam Avenue Suite 4535  Sioux Falls, SD 57104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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 Cook, Molly C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086313												
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines														
5 Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input checked="" type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
6 Dates of Travel  08/04/2024  08/04/2024	7 Name of person(s) traveling Cook, Molly (Sen.)													
	8 Departure city or name of departure location Houston													
	9 Destination city or name of destination location Louisville													
10 Means of transportation Commercial Airplane		11 Purpose of travel (including name of conference, seminar, or other event) To attend the national Council of State Legislatures conference												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input checked="" type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel  08/07/2024  08/07/2024	Name of person(s) traveling Cook, Molly (Sen.)													
	Departure city or name of departure location Louisville													
	Destination city or name of destination location Houston													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) To attend the national Council of State Legislatures conference												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input checked="" type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel  08/04/2024  08/04/2024	Name of person(s) traveling Smither, Ally (Ms.)													
	Departure city or name of departure location Houston													
	Destination city or name of destination location Louisville													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) To attend the national Council of State Legislatures conference												

# 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 / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1  
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/07/2024

08/07/2024

7 Name of person(s) traveling

Smither, Ally (Ms.)

8 Departure city or name of departure location

Louisville

9 Destination city or name of destination location

Houston

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

To attend National Council of State Legislatures conference