CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	is form. 1 Filer ID (Ethics Comr 0008631	nission Filers)	2 Total pages filed: 61
3 CANDIDATE /	MS / MRS / MR FIRS	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Mol	ly C.		Date Received ELECTRONICALLY FILED
	NICKNAME LAS	Т	SUFFIX	07/15/2025
	Coc	ok		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 667238			Receipt # Amount
Change of Address	Houston, TX 77266			
	Trousion, TX T7200			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	
TREASURER NAME	Mr. Leif			
	NICKNAME LAS	 T	SUFFIX	
	Hath		30111/	
C CAMPAIGN	CTREET ARRESC (NO DO DOV	DI FACE).	OT / OUTTE // OUTV	0TATE: 71D 00DE
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX 13527 N. Tracewood Bend	PLEASE); AF	PT / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Houston, TX 77077			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (281) 493-3107	MBER EXTENSION		
8 REPORT TYPE		Oth day before election	Runoff Exceeded modified	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
			reporting limit	,
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	_
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	
	State Senator District 15		State Senator Dis	strict 15
	-			
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 61

13 C / OH NAME	Cook, Molly C. (The I	Honorable)	14 Filer ID (00086313	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 7,194.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 51,538.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$ 106,796.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Molly C. Cook	<
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 6	
18 FILER NAME Cook, Molly C. (The	19 Filer ID 00086313	(Ethics Commission Filers)	
20 SCHEDULE SUBTOR			SUBTOTAL AMOUN	Т
1. X SCHEDU	JLE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,19	94.00
2. SCHEDU	JLE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDU	JLE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDU	JLE E: LOANS		\$	
5. X SCHEDU	JLE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 51,53	38.70
6. SCHEDU	JLE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDU	JLE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDU	JLE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDU	JLE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDU	JLE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11. SCHEDU	JLE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. X SCHEDU TO FILE	JLE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F R	RETURNED	\$ 2,19	97.25
			•	

	MONEI	ONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/61		
2	FILER NAME Cook, Molly	C. (The Honorable)				3	Filer ID (Ethics Commission 00086313	on Filers)	
4	Date 06/30/2025	5 Full name of contributor BERG, Tom6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00	
8	Principal occu Lawyer	Houston, TX 77007 pation / Job title (See Instructions) 		yer (See Instructions Employed	<u> </u> ;)			
	Date 06/29/2025	Full name of contributor Block, Robinson Contributor address; City; S Houston, TX 77009	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$27.00	
	Principal occu Firefighter	pation / Job title (See Instructions	s)		yer (See Instructions on Fire Departme				
	Date 06/26/2025				Amount of Contribution (\$)	\$25.00			
	District	Austin TX, TX 78746	, I		(O la -tau - ti-	<u></u>			
	Researcher	pation / Job title (See Instructions)		yer (See Instructions Employed	·)			
	Date 06/23/2025	Full name of contributor Darrah, Glenn Contributor address; City; S Houston, TX 77025	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00	
	Principal occu Economic Ar	pation / Job title (See Instructions	s)	•	yer (See Instructions ink Inc	<u> </u> 5)			
	Date 06/27/2025	Full name of contributor Dwairy, Gus Contributor address; City; S Channelview, TX 77530	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Rancher	pation / Job title (See Instructions	5)		yer (See Instructions Employed	;)			

	MONET	ARY POLITICAL CO		SCHEDULE	■ A1		
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/61	
2	FILER NAME Cook, Molly	C. (The Honorable)			3	Filer ID (Ethics Commission 00086313	Filers)
4		5 Full name of contributor Eiman, Norma	out-of-state PAC (ID#:;		7	Amount of Contribution (\$)	\$25.00
0	Dringing aggr	HOUSTON, TX 77025	<u> </u>	Employer (See Instructions	·/		
8	Not Employe	pation / Job title (See Instructions) d	J ^s	Employer (See Instructions N/A)		
Date Full name of contributor out-of-state PAC (ID#:) 06/29/2025 Eriksen, Erin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Houston, TX 77008		<u></u>				
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions N/A	5)		
	Date 06/30/2025	Full name of contributor Fink, Edward Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77006					
	Principal occu Administrato	pation / Job title (See Instructions)		Employer (See Instructions UTHEALTH	5)		
	Date 06/30/2025	Full name of contributor Friedrich, Mary Anne Contributor address; City; State Houston, TX 77096	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Houston ISD	<u>(</u>		
	Date 06/24/2025	Full name of contributor Fullem, Robert Contributor address; City; State Houston, TX 77005	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$20.00
	Principal occu Analyst	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL (SCHEDUL	E A1			
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/61	
2	FILER NAME Cook, Molly	C. (The Honorable)				3	Filer ID (Ethics Commission 00086313	n Filers)
4	Date 06/30/2025	5 Full name of contributor Gambling, Philippe6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Houston, TX 77035 pation / Job title (See Instructions	5)	9	Employer (See Instructions	<u>:)</u>		
Ü	Software De		5)	,	Expero Inc	"		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Gandhi, Neil Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Physician Self-Employed			,				
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2025 Golding, Constance Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50			
		Manhattan, NY 10026						
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions N/A	s)		
	Date 06/30/2025	Full name of contributor Goodman, Kenneth Contributor address; City; S Houston, TX 77019)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions N/A	5)		
	Date 06/30/2025	Full name of contributor Keeney, Carol Contributor address; City; S Houston, TX 77005	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions N/A	5)		

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	otal pages Schedule A1: ch: 4/7 Rpt: 7/61	
2	FILER NAME Cook, Molly	C. (The Honorable)			1	ler ID (Ethics Commission 0086313	n Filers)
4	Date 06/28/2025	5 Full name of contributor Kingsley, Grace6 Contributor address; City; St)	7 Ar	mount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)	9 Employer (See Instructions] s)		
	Registered N			Houston Methodist Hos			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Levy, Alene Contributor address; City; State; Zip Code		Ar	mount of Contribution (\$)	\$15.00		
	Principal occu	Houston, TX 77025 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Attorney	`	,	Self-Employed	,		
	Date 06/30/2025	Full name of contributor Mathis, S W Contributor address; City; St	out-of-state PAC (ID#:)	Ar	nount of Contribution (\$)	\$15.00
		rosharon, TX 77583					
	Principal occu Caregiver	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	s)		
	Date 06/28/2025	Full name of contributor McCullough, Mark Contributor address; City; St Bellaire, TX 77401	out-of-state PAC (ID#:_)	Ar	mount of Contribution (\$)	\$250.00
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Apex Hydrocarbon Inve		ts	
	Date 06/24/2025	Full name of contributor Perez, Elizabeth Contributor address; City; St Austin, TX 78745	out-of-state PAC (ID#:		Ar	nount of Contribution (\$)	\$20.00
	Principal occu Art Assistant	pation / Job title (See Instructions)	Employer (See Instructions Picrow Streaming - PAN			

	MONEI	ARY POLITICAL (SCHEDUL	E A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/61	
2	FILER NAME Cook, Molly	C. (The Honorable)			3	Filer ID (Ethics Commission 00086313	n Filers)
4	Date 06/30/2025	5 Full name of contributor Roberts, Rick6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu Nurse Practi	Houston, TX 77006 pation / Job title (See Instructions tioner	s) <u></u>	Employer (See Instructions Memorial Hermann	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Rodgers, Ken Contributor address; City; State; Zip Code Houston, TX 77021		•	Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions N/A	5)		
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$7.00	
		Pasadena, CA 91105 pation / Job title (See Instructions hics Designer	s)	Employer (See Instructions Self-Employed	<u> </u> S)		
	Date 06/30/2025	Full name of contributor Shamsi, Farrukh Contributor address; City; S Houston, TX 77022	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instructions Texas Clinic	s)		
	Date 06/30/2025	Full name of contributor Steen, Lias Contributor address; City; S Houston, TX 77024	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions N/A	<u>.</u> S)		

	MONEI	ARY POLITICAL (SCHEDUL	E A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/61	
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commissio 00086313	n Filers)
_					 		
4	Date 06/30/2025	5 Full name of contributorSteinbach, Douglas6 Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
		Houston, TX 77098					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Graduate Stu	udent Research Assistant		Rice University			
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Wells, Dianne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00			
		Houston, TX 77005					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Not Employe	ed		N/A			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
		Bellaire, TX 77401					
	Principal occu	I pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> S)		
	Not Employe		,	N/A	,		
	Date	Full name of contributor	D sub of obota BAC (ID)		Т	Amount of Contribution (\$)	
	06/23/2025	Wheeler, Richard Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Continuation (4)	\$5.00
	Delegate at a second	HOUSTON, TX 77098		Faralassa (On a landos ations	<u> </u>		
	Not Employe		5)	Employer (See Instructions N/A	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2025	Woessner Gauci, Kathryr					\$10.00
		Contributor address; City; S Houston, TX 77007	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Nanny			N/A			

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 7/7 Rpt: 10/61
2	FILER NAME Cook, Molly C. (The Honorable)		Filer ID (Ethics Commission Filers) 00086313
4	Date 5 Full name of contributor out-of-state PAC (ID#:) torres, Diane 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$2.5
8	Burlingame, CA 94010 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ons)	
Ü	Not Employed N/A	113)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		s)
_	Sch: 1/50 Rpt: 11/61	Cook, Molly C. (The Honorable) 00086313	5)
4	Date	5 Payee name	
	06/20/2025	Acres Home Chamber of Commerce	
6	Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 6112 Wheatley St Houston, TX 77091	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Acres Homes Chamber of Commerce Juneteenth Luncheon	1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash	Date	Davido nama	
	06/29/2025	Payee name ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$218.74	PO Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Credit Card Processing Fees	
		Greate Galla i 100033ling i ees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/30/2025	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.51	PO Box 441146	
	φυσ.51	I O DOV 44TT40	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Credit Card Processing Fees	
		Credit Card Flocessing Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/50 Rpt: 12/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/08/2025	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$285.65	345 Park Avenue
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/05/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.99	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/10/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.70	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 3/50 Rpt: 13/61	Cook, Molly C. (The Honorable) 00086313			
4	Date	5 Payee name			
	03/03/2025	Amazon			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$169.99	410 Terry Ave N			
		Seattle, WA 98109			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Office Supplies			
		Οπίου σαμβίουσ			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	<u> </u>				
	Date	Payee name			
	05/05/2025	Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$27.01	410 Terry Ave N			
		Seattle, WA 98109			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Office Supplies			
		Office Supplies			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	· ·			
	D .				
	Date	Payee name			
	02/03/2025	AppFolio Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2.49	70 Castilian Dr			
		Goleta, CA 93117			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense			
		Payment Processing Fee			
_	Complete ONLY if direct	Condidate/Officeholder name Office cought			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	· ·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 4/50 Rpt: 14/61	Cook, Molly C. (The Honorable)
4	Date	5 Payee name
	03/03/2025	AppFolio Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.49	70 Castilian Dr
	, -	
		Colota CA 02117
		Goleta, CA 93117
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment Processing Fee
		T dyment 1 Toocssing 1 co
<u>_</u>	Complete ONLY if dire	Condidate/Officeholder name Office outsite Office hald
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	-	
	Date	Payee name
	04/03/2025	AppFolio Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.49	70 Castilian Dr
		Goleta, CA 93117
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment Processing Fee
		T dynient i Tocessing i ee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	05/05/2025	AppFolio Inc.
\vdash		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$2.49	Payee address; City; State; Zip Code 70 Castilian Dr
	Φ∠.49	70 Casullati Di
		Goleta, CA 93117
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment Processing Fee
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/50 Rpt: 15/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	06/02/2025	AppFolio Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.49	70 Castilian Dr
		Goleta, CA 93117
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment Processing Fee
		T dyfficht i 100c33ing i cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
\vdash	Date	Payee name
	05/15/2025	Arnold, Elaine
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	7809 Valburn Dr
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tshirt Printing
		13th Clauding
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 01/03/2025	Payee name
		Asher, Levi
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 667238
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Strategic Consulting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed al	bove)
1	Total pages Schedule F1:				3 Filer ID (Ethics Commiss	sion Filers)
	Sch: 6/50 Rpt: 16/61	Cook, Molly C. (The Honorable)			00086313	
4	Date	Payee name				
	01/06/2025	Big Tex Storage				
6	Amount (\$)		State; Zip Cod	9		
	\$106.00	3480 Ella Blvd				
		Houston, TX 77018				
8	PURPOSE OF	a) Category (See Categories listed at the top of the	nis schedule) (I	Description	outside of Toyon Complete Calantida T	
	EXPENDITURE	Office Overhead/Rental Expense		=	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
				Storage Unit		
9	Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office held	
	expenditure to benefit C/OI					
	Date	Payee name				
L	02/03/2025	Big Tex Storage				
	Amount (\$)	Payee address; City; S	State; Zip Cod	е		
	\$106.00	3480 Ella Blvd				
L		Houston, TX 77018				
	PURPOSE	a) Category (See Categories listed at the top of the	nis schedule) (I	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		=	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
				Storage Unit		
				J		
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office held	
	expenditure to benefit C/O					
	Date	Payee name				
	03/03/2025	Big Tex Storage				
	Amount (\$)	Payee address; City; S	State; Zip Cod	9		
	\$106.00	3480 Ella Blvd				
		Houston, TX 77018				
	PURPOSE	a) Category (See Categories listed at the top of the	nis schedule) (I	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		<u></u>	outside of Texas. Complete Schedule T.	
				Storage Unit	, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office held	
	expenditure to benefit C/O		J			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		es/Wag	es/Contract Labor		OTHER (enter a	a category not listed above)	
				The Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	rs)
	Sch: 7/50 Rpt: 17/61		Cook, Molly	C. (The Honora	ıble)				00086313		
4	Date	5	Payee name								
	04/03/2025		Big Tex Stor	age							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Code	!				
	\$106.00		3480 Ella Bl	vd							
			Houston, TX	77018							
8	PURPOSE	├		e Categories listed at th	- 4 4 dhi l dula \	(b) Description				
	OF			e Categories listed at tr lead/Rental Exp		(~		outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	icaa/rteritai Exp	Clisc		Check if Austin	ı, TX	, officeholder livin	g expense	
							Storage Unit				
9	Complete ONLY if direct		andidate/Offic	eholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	05/02/2025		Big Tex Stor	age							
	Amount (\$)		Payee addres	s; City;	State; Zip	Code	!				
	\$106.00		3480 Ella Bl	vd							
			Houston, TX	77018							
_	PURPOSE	_		e Categories listed at th		(h) Description				
	OF			e calegories listed at tr lead/Rental Exp			`	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		011100 01011	ioaan tomai Exp	701.00		Check if Austin	ı, TX	, officeholder livin	g expense	
							Storage Unit				
	Complete ONLY if direct		Candidate/Offic	eholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/OI	П									
	Date		Payee name								
	06/02/2025		Big Tex Stor	age							
	Amount (\$)		Payee addres	s; City;	State; Zip	Code					
	\$113.00		3480 Ella Bl	vd							
			Houston, TX	77018							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) Description				
	OF EXPENDITURE			ıead/Rental Exp			Check if travel	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITORE						ш		, officeholder livin	g expense	
							Storage Unit				
	0 1: 0	Ļ							·		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Office	sough	t		Office h	eia	
	p = 1 = 1 12										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		d above)
_	T	.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 8/50 Rpt: 18/61	2 FILER NAME Cook, Molly C. (The Honorable) 3 Filer ID (Ethics Common 00086313)	ilssion Filers)
4	Date	5 Payee name	
	05/16/2025	Choate, Evan	
6	Amount (\$) \$115.44	7 Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/16/2025	Community Labor Administrative Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.00	77 Sands St.	
		6th Floor	
		Brooklyn, NY 11201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Software	
		Soliwale	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	03/05/2025	Community Labor Administrative Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.00	77 Sands St.	
		6th Floor	
		Brooklyn, NY 11201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	лп 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		mmittee	Legal Services		Salaries/M		se s/Contract Labor		OTHER (enter a	strict a category not liste	ed above)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID	(Ethics Com	mission Filers)
	Sch: 9/50 Rpt: 19/61		Cook, Molly	C. (The Honor	able)					00086313		
4	Date	5	Payee name									
	04/07/2025		Community	Labor Administ	rative Servic	es						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$55.00		77 Sands S	t.								
			6th Floor									
			Brooklyn, N	Y 11201								
8	PURPOSE	(a)	Category (s.	ee Categories listed at t	ho top of this cohor	dulo)	(b)	Description				
	OF	``		head/Rental Ex		uuie)	(- ,		outsi	de of Texas. Con	nplete Schedule T	
	EXPENDITURE							_	, TX	officeholder livin	g expense	
								Software				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office h	eld	
	experialiture to beliefit C/O	''										
	Date		Payee name									
	05/05/2025		Community	Labor Administ	rative Servic	es						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$55.00		77 Sands S	t.								
			6th Floor									
			Brooklyn, N	Y 11201								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			head/Rental Ex		,		Check if travel	outsi	de of Texas. Con	nplete Schedule T	
	LAFLINDITORL							ш	, TX	officeholder livin	g expense	
								Software				
	Commists ONII V if diseast	<u> </u>	Caradidata/Offi		0.5	···	a. la t			Office b	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	Oi	ffice sou	gnı			Office h	eiu	
		_										
	Date		Payee name									
	02/13/2025		Constant C									
	Amount (\$)		Payee addre		State;	Zip Co	de					
	\$3,338.86		890 Winter	Street								
			Suite 300									
			Waltham, M	IA 02451								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Ex	pense					de of Texas. Con officeholder livin	nplete Schedule T	
								Constant Cor				
								301.5tarit 001	···	or Capponipt		
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Of	ffice sou	aht			Office h	eld	
	expenditure to benefit C/Ol		Caranaato, Om	SS.ISIGGI HAIH	Oi		ອານ			J.1100 11	J. J	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/50 Rpt: 20/61 Cook, Molly C. (The Honorable) 00086313 4 Date Payee name 05/28/2025 Cook, Molly 6 Amount (\$) Payee address; City; State; Zip Code \$1,046.71 PO Box 667238 Houston, TX 77266 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement - Constituent Outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2025 Garcia, Brianna Amount (\$) Payee address; City; State; Zip Code \$230.87 PO Box 667238 Houston, TX 77266 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2025 Garcia, Brianna Amount (\$) Payee address: City; State; Zip Code \$230.88 PO Box 667238 Houston, TX 77266 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 11/50 Rpt: 21/61	Cook, Molly C. (The Honorable)	00086313		
4	Date	5 Payee name			
	02/13/2025	Garcia, Brianna			
6	Amount (\$) \$230.87	Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266			
8	PURPOSE				
J	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel of Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense s/Contract Labor		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/27/2025	Garcia, Brianna			
	Amount (\$) \$230.88	Payee address; City; State; Zip Code PO Box 667238			
		Houston, TX 77266			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense S/Contract Labor		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/03/2025	Gusto			
	Amount (\$) \$174.84	Payee address; City; State; Zip Code 525 20th Street			
		San Francisco, CA 94107			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense SSING Fee		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/50 Rpt: 22/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/14/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$438.14	525 20th Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Taxes
		T ayron Taxoo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/30/2025	Gusto
H	Amount (\$)	Payee address; City; State; Zip Code
	\$232.47	525 20th Street
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Taxes
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/30/2025	Gusto
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$287.91	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Taxes
		rayioli taxes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 13/50 Rpt: 23/61	Cook, Molly C. (The Honorable) 00086313	
4	Date	5 Payee name	_
	02/05/2025	Gusto	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$324.84	525 20th Street	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Payroll Processing Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to benefit 6/01	'	
	Date	Payee name	
	02/13/2025	Gusto	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$209.29	525 20th Street	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Payroll Taxes	
	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
			_
	Date	Payee name	
	02/27/2025	Gusto	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$209.21	525 20th Street	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Payroll Taxes	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	¬	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/50 Rpt: 24/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	03/05/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.24	525 20th Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payroll Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	03/13/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.78	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Payroll Taxes
	Opening the ONLY if allowed	Our stide to 10 ff as health are are a second to the secon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.74	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Payroll Taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/50 Rpt: 25/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	04/03/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.24	525 20th Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Processing Fee
		T dyfoli i foccasing i cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/14/2025	Gusto
H	Amount (\$)	Payee address; City; State; Zip Code
	\$162.78	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Taxes
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/29/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.72	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Taxes
		1 dyfoli faxes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/50 Rpt: 26/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	05/05/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.24	525 20th Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Processing Fee
		T dyfoir i rocessing i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/16/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.62	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/04/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.44	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payroll Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/50 Rpt: 27/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/13/2025	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3302 Canal St
	, _ , -, -, -	
		Houston, TX 77003
Ļ	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Harris County Democratic Party Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	01/03/2025	Hill Country Springs
-	Amount (\$)	Payee address; City; State; Zip Code
	\$21.99	10019 S I-35 Frontage Rd
	,	
		Austin, TX 78747
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water Delivery for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/04/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.98	10019 S I-35 Frontage Rd
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water Delivery for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/50 Rpt: 28/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	03/04/2025	Hill Country Springs
6	Amount (\$) \$83.98	7 Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd
_		Austin, TX 78747
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Hill Country Springs
	Amount (\$) \$116.98	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Hill Country Springs
	Amount (\$) \$66.99	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		
_	Total marca Cabadula E1.	9 FILED NAME
1	Total pages Schedule F1: Sch: 19/50 Rpt: 29/61	2 FILER NAME Cook, Molly C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086313
4	Date	5 Payee name
	06/03/2025	Hill Country Springs
6	Amount (\$) \$116.98	7 Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2025	Houston LGBTQ+ Political Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	401 Branard St
		2nd Floor
		Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV officeholder living proposes
		Candidate/Officeholder/Political Committee
		LODTQT Folitical Caucus dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payoo namo
	02/19/2025	Payee name Jonathan Gracia Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	954 E Van Buren St
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Jonathan Gracia Campaign Donation
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/50 Rpt: 30/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/21/2025	Katz Compliance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 33079
		Washington, DC 20033
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Compliance Services
		Complication Convinces
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Power name
	02/07/2025	Payee name Katz Compliance
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 33079
		Washington, DC 20033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Compliance Services
		Compliance Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/06/2025	Katz Compliance
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	PO Box 33079
		Washington, DC 20033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Compliance Services
		Compliance Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 21/50 Rpt: 31/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
L	04/09/2025	Katz Compliance
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code PO Box 33079
	Ψ100.00	1 0 Dox 00010
		Washington, DC 20033
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Compliance Services
		Compilation Convices
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/01/2025	Labor Council for Latin American Advancement
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1106 Lavaca St.
		Suite 200
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Lewellen, Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 22/50 Rpt: 32/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/30/2025	Lewellen, Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies same
	02/13/2025	Payee name Lewellen, Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
		Salary/wages/contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	02/27/2025	Lewellen, Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
	Complete ONLY if direct	Condidate/Officeholder neme
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

xpense Travel III L xpense Travel Out Vages/Contract Labor OTHER (e

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide			s/Contract Labor ete this form.		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 23/50 Rpt: 33/61	Cook, Moll	C. (The Honorable	e)				00086313		
4	Date	5 Payee name								
	03/13/2025	Lewellen, A	Austin							
6	Amount (\$) \$230.87	7 Payee addre PO Box 66 Houston, T	7238	State; Zip C	ode					
8	PURPOSE				(h)	Description				
0	OF EXPENDITURE		ee Categories listed at the to ages/Contract Labo			Check if travel o	TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office so	ught			Office he	eld	
	Date	Payee name	!							
	03/28/2025	Lewellen, A	Austin							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$230.88	PO Box 66	7238							
		Houston, T	X 77266							
	PURPOSE	(a) Category (s	see Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE		ages/Contract Labo			ш			plete Schedule T.	
					_		officeholder living			
						Salary/Wages	s/C	ontract Lab	OI .	
Н	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	-								
	Date	Payee name	·							
	04/14/2025	Lewellen, A	Austin							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$230.87	PO Box 66	7238							
		Houston, T	X 77266							
	PURPOSE	(a) Category (s	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labo	or		ш			plete Schedule T.	
						Salary/Wages		officeholder living		
						Jaiai y/ vvayes	J, C	omiaci Lab	O.	
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office so	uaht			Office he	eld	
	expenditure to benefit C/OI			222 00	J					

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/50 Rpt: 34/61	Cook, Molly C. (The Honorable)	00086313
4	Date	5 Payee name	
	04/29/2025	Lewellen, Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$230.88	PO Box 667238	
		Houston, TX 77266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	—	ovel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		l –	ges/Contract Labor
		- Callary, I la	geo, co
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	05/16/2025	Lewellen, Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.87	PO Box 667238	
		Houston, TX 77266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	ivel outside of Texas. Complete Schedule T.
			istin, TX, officeholder living expense ges/Contract Labor
		Sundy, Wa	goo, contract Lase.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/10/2025	Lowe's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$302.67	1000 Lowe's Boulevard	
		Mooresville, NC 28117	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneau/Nerital Expense	vel outside of Texas. Complete Schedule T.
			istin, TX, officeholder living expense District Office
		Chairs to	District Office
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/50 Rpt: 35/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/28/2025	Martin, Grant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 667238
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
H	D-1-	
	Date	Payee name Mortin Cropt
	03/03/2025	Martin, Grant
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 667238
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2025	Martin, Grant
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 667238
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
L	Complete ONII V if direct	Candidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Fees Contributions/ Donations Made By -

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/50 Rpt: 36/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	04/29/2025	Martin, Grant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 667238
		Houston, TX 77266
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
		Galaty/Wagoo/Gontract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/08/2025	Mi Familia en Accion
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1101 15th St. NW
		Suite 400
		Washington, DC 20005
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/14/2025	Morton, Lauren
	Amount (\$)	Payee address; City; State; Zip Code
	\$968.35	PO Box 667238
		Houston, TX 77266
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 27/50 Rpt: 37/61	Cook, Molly C. (The Honorable) 00086313	
4	Date	5 Payee name	_
l	01/30/2025	Morton, Lauren	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
l	\$1,063.97	PO Box 667238	
l			
		Houston, TX 77266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
ľ	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Salary/Wages/Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Grot		_
	Date	Payee name	
l	02/05/2025	Morton, Lauren	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$252.10	PO Box 667238	
		Houston, TX 77266	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		Salary/Wages/Contract Labor	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
┝	Data	Davida warea	=
l	Date 01/03/2025	Payee name NGP VAN	
┡			_
	Amount (\$) \$437.06	Payee address; City; State; Zip Code 1420 New York Ave NW	
l	φ 4 37.00		
l		Suite 650	
		Washington, DC 20005	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Software	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
H			_
ĺ			

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

	Credit Card Payment		The Instruction Gu	uide explains how to co	mpl	lete this form.
1	Total pages Schedule F1:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 28/50 Rpt: 38/61	Cook,	Molly C. (The Honora	able)		00086313
4	Date	• Payee	name			<u>'</u>
	05/12/2025		nal Conference of Stat	te Legislatures		
6	Amount (\$)	7 Payee	address; City;	State; Zip Co	ode	
	\$755.00	444 N.	. Capitol St. N.W.			
		Suite 5	515			
		Washi	ington, DC 20001			
8	PURPOSE				(b)) Description
	OF		Ory (See Categories listed at the Expense	ne top of this schedule)	(3)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin, TX, officeholder living expense
						NCSL Registration Will be Refunded in July
9	Complete ONLY if direct expenditure to benefit C/O	Candidat	te/Officeholder name	Office sou	ıght	t Office held
	experiditure to beliefit C/O					
	Date	Payee	name			
	01/15/2025	NordP	ass			
	Amount (\$)	Payee	address; City;	State; Zip Co	ode	
	\$258.55	2711 \	Vista Parkway			
		West F	Palm Beach, FL 3341	1		
	PURPOSE	(a) Catego	Ory (See Categories listed at the	he top of this schedule)	(b)) Description
	OF EXPENDITURE		Overhead/Rental Exp			Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE					Check if Austin, TX, officeholder living expense
						Software
	Complete ONLY if direct	Candida	te/Officeholder name	Office sou	laht	t Office held
	expenditure to benefit C/O	Caridida	te/Onicendider name	Office soc	igni	d Office field
	Date	Payee				
	01/06/2025		er Management			
	Amount (\$)		address; City;	State; Zip Co	ode	
	\$1,009.99	4505 E	Duval St			
		Austin	ı, TX 78751			
	PURPOSE	(a) Catego	Ory (See Categories listed at the	he top of this schedule)	(b)) Description
	OF EXPENDITURE	Office	Overhead/Rental Exp	oense		Check if travel outside of Texas. Complete Schedule T.
						X Check if Austin, TX, officeholder living expense Austin Rent
						, wount from
	Complete ONLY if direct	Candida	te/Officeholder name	Office sou	lapt	t Office held
	expenditure to benefit C/O		C/Onicendidel Hame	Office SOC	igill	Cince neu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 29/50 Rpt: 39/61	Cook, Molly C. (The Honorable)	
4	Date	5 Payee name	
	02/03/2025	Rainier Management	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4505 Duval St Austin, TX 78751	
8	PURPOSE		_
°	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Rent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/03/2025	Rainier Management	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4505 Duval St	
		Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Austin Rent	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
L	04/03/2025	Rainier Management	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4505 Duval St	
		Austin, TX 78751	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		Austin Rent	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	
_	Sch: 30/50 Rpt: 40/61	Cook, Molly C. (The Honorable)	
4	Date	5 Payee name	
	05/05/2025	Rainier Management	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4505 Duval St	
		Austin, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense	
		Austin Rent	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
	Date	Payee name	
	06/02/2025	Rainier Management	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4505 Duval St	
		Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Austin Rent	
		Austin Kent	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	01/30/2025	Sandor, David	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.87	PO Box 667238	
		Houston, TX 77266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor	
		Salary/wages/Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 31/50 Rpt: 41/61	Cook, Molly C. (The Honorable) 00086313	
4	Date	5 Payee name	
	02/13/2025	Sandor, David	
6	Amount (\$)	7 Payee address; City; State; Zip Code	П
	\$115.44	PO Box 667238	
		Houston, TX 77266	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Salary/Wages/Contract Labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	۲
	expenditure to benefit C/O	and the second of the second o	
_	Date	Payee name	╡
	02/27/2025	Sandor, David	
		· ·	4
	Amount (\$)		
	\$115.44	PO Box 667238	
		Houston, TX 77266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Salary/Wages/Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	Date	Payee name	=
	03/13/2025	Sandor, David	
		·	_
	Amount (\$)	Payee address; City; State; Zip Code PO Box 667238	
	\$115.44	PO BOX 007230	
		Houston, TX 77266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Salary/Wages/Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OF		
			_

SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Beve
Contributions/ Donations Made By - Gift/Award

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memori Legal Services The Instruction	als Expense		pens ages	se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	12	FILER NAME		— Carac exprains				3	Filer ID	(Ethics Commission Filers)
_	Sch: 32/50 Rpt: 42/61			- / C. (The Hond	orable)				,	00086313	(Ethics Commission Filers)
4	Date	5	Payee name	-							
	03/28/2025	ľ	Sandor, Da								
6	Amount (\$)	7	Payee addre	ess; City;	State	e; Zip Co	de				
	\$115.43		PO Box 66	, ,,		, ,					
			Houston, T	X 77266							
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this scl	hedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ages/Contract	Labor					de of Texas. Com officeholder living	plete Schedule T.
								Salary/Wages			
								,			
9	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ght			Office he	eld
	expenditure to benefit C/Ol	H 									
	Date		Payee name								
	04/14/2025		Sandor, Da	vid							
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Co	de				
	\$115.44		PO Box 66	7238							
			Houston, T	X 77266							
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sch	hedule)	(b)	Description			
	EXPENDITURE		Salaries/Wa	ages/Contract	Labor					de of Texas. Com officeholder living	plete Schedule T.
								Salary/Wages			
								, ,			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office he	eld
	expenditure to benefit C/O	Н									
	Date		Payee name								
	04/30/2025		Sandor, Da	vid							
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Co	de				
	\$115.44		PO Box 66	7238							
			Houston, T.	X 77266							
	PURPOSE	(a)		ee Categories listed		hedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ages/Contract	Labor			_		de of Texas. Com officeholder living	plete Schedule T.
								Salary/Wages			
								Jaiai ji vvagos	ی, ح	J. II. AUT LAD	
	Complete ONLY if direct		Candidate/Off	iceholder name	,	Office sou	ght			Office he	eld
	expenditure to benefit C/O	Н				·					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 33/50 Rpt: 43/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/06/2025	Scale to Win
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$131.62	13742 Harper St
		Santa Ana, CA 92703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Software
_	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.64	13742 Harper St
		Santa Ana, CA 92703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Software
		Soliware
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa sama
	01/07/2025	Payee name Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,300.00	1200 Congress Ave.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Senate Ladies Club (Senate Ladies
		Dinner)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/50 Rpt: 44/61	Cook, Molly C. (The Honorable)	00086313
4	Date	5 Payee name	
	02/19/2025	Senate Ladies Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	1200 Congress Ave.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Continuations/Donations Wade By	ravel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense adies Club 2025-2026 Dues
		Schale Le	aules Club 2025-2020 Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		emoc nad
_	Date	Payee name	
	01/21/2025	Shippo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.68	731 Market Street	
	φυ.υσ	Suite 200	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the Country of the Country of the Check if the Country of the Co	navel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	Austin, TX, officeholder living expense
		Shipping	Labels
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/14/2025	Smither, Alexandra	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.87	PO Box 667238	
		Houston, TX 77266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Salaries/Wages/Contract Labor	ravel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Austin, TX, officeholder living expense
		Salaty/Wa	ages/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/50 Rpt: 45/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/30/2025	Smither, Alexandra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
		Salat y Wages Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Davis same
	Date	Payee name
	02/13/2025	Smither, Alexandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
		Salaty/Wages/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/27/2025	Smither, Alexandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
		Salat y wages/Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/50 Rpt: 46/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	03/13/2025	Smither, Alexandra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
		Salary, Wagos, Sontiact Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/28/2025	Smither, Alexandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
	,	
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/14/2025	Smither, Alexandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
	,	
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
	0 1: 0::::::	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/50 Rpt: 47/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	04/29/2025	Smither, Alexandra
6	Amount (\$) \$230.88	7 Payee address; City; State; Zip Code PO Box 667238
_		Houston, TX 77266
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Smither, Alexandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
	Ψ200.01	1 O BOX 001230
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1200 Congress Ave.
	+ =,=00.00	Ü
		Room 2E.22
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Senate Members Lounge Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers))
	Sch: 38/50 Rpt: 48/61	Cook, Molly C. (The Honorable) 00086313	
4	Date	5 Payee name	
	06/05/2025	Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$361.25	1200 Congress Ave.	
		Room 2E.22	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Senate Staff Thank You Gift	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_		<u> </u>	
	Date	Payee name	
	01/06/2025	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.32	225 Varick Street	
		12th Floor	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Software	
		Soliware	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/21/2025	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.38	225 Varick Street	
		12th Floor	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	_/	Check if Austin, TX, officeholder living expense	
		Software	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/50 Rpt: 49/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
L	02/06/2025	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.32	225 Varick Street
		12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	02/21/2025	Squarespace
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Soliware
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	03/06/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.32	225 Varick Street
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
T		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/50 Rpt: 50/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	03/21/2025	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software
		Solitians .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/07/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.21	225 Varick Street
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/21/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Soliward
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

pense Travel in District

kpense Travel Out of Dis

//ages/Contract Labor OTHER (enter a

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/50 Rpt: 51/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	05/06/2025	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$118.21	225 Varick Street
		12th Floor
		New York, NY 10014
	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
_	Date	Payee name
	05/21/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Software
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	06/06/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.21	225 Varick Street
		12th Floor
		New York, NY 10014
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/50 Rpt: 52/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	06/23/2025	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	225 Varick Street
		12th Floor
		New York, NY 10014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/O	
	Date	Payee name
	01/14/2025	Stewart-Aday, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	01/30/2025	Stewart-Aday, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 43/50 Rpt: 53/61	Cook, Molly C. (The Honorable)		00086313
4	Date	5 Payee name		-
	02/13/2025	Stewart-Aday, James		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$230.87	PO Box 667238		
		Houston, TX 77266		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	_		Check if Austin, TX, officeholder living expense
				Salary/Wages/Contract Labor
_				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	gnt	Office held
	·			
	Date	Payee name		
	02/27/2025	Stewart-Aday, James		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$230.88	PO Box 667238		
		Houston, TX 77266		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
				Salary, Wages, Sonitable Easter
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	9	
	Date	Payee name		
	03/13/2025	Stewart-Aday, James		
	Amount (\$)	Payee address; City; State; Zip Co	da	
	\$230.87	PO Box 667238	ue	
	Ψ230.07	1 0 Box 007230		
		Houston, TX 77266		
	D. 100.00	1	<i>a</i> >	<u>- </u>
	PURPOSE OF	,	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Salary/Wages/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/50 Rpt: 54/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	03/28/2025	Stewart-Aday, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
		Houston, TX 77266
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/OI	'
	Date	Payee name
	04/14/2025	Stewart-Aday, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.87	PO Box 667238
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary/Wages/Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Ÿ
_	Data	Dougo nama
	Date 04/30/2025	Payee name Stewart-Aday, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	PO Box 667238
		Houston, TX 77266
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
		Salai yi wayesi Conii aci Laboi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/50 Rpt: 55/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	05/16/2025	Stewart-Aday, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.49	PO Box 667238
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary/Wages/Contract Labor
		Saidly/Wages/Contract Labor
_	Commission ONII V if dispost	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	the state of the s
	Date	Payee name
	04/14/2025	Texas Senate Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 1042
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		13/140 25/14/10 25/14/10 24/10/10
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/02/2025	Payee name Texas State Preservation Board
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	201 E 14th S
		Suite 950
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		State Preservation Board Payment to Hang TV in Capitol Office
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/50 Rpt: 56/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	02/10/2025	Texas Workforce Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,528.32	101 E 15th Street
		Austin, TX 78778
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Unemployment Taxes Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/18/2025	USPS
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$226.00	475 L'Enfant Plaza SW
		Washington, DC 20260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		USPS Post Office Box
		33. 3. 33. 333 23
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/03/2025	Uber
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$24.64	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Staff Transportation
		Stati Hansportation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 47/50 Rpt: 57/61	Cook, Molly C. (The Honorable)
4	Date	5 Payee name
	06/03/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.55	1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Expense Check if Austin, TX, officeholder living expense
		Staff Transportation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.02	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.35	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Staff Transportation
		Stall Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total marca Cabadula E1.	9 Files NAME	_
1	Total pages Schedule F1: Sch: 48/50 Rpt: 58/61	2 FILER NAME Cook, Molly C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086313	
4	Date	5 Payee name	
	06/06/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	1725 3rd Street	
		San Francisco, CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Uber Business Charge	
		Obel Busiliess Charge	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	_
	01/09/2025	Wal-Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.36	702 SW 8th St	
		Bentonville, AR 72716	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Screen for District Office	
		Screen for District Office	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitire to benefit C/Or		
	Date	Payee name	
	01/10/2025	Wal-Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$113.66	702 SW 8th St	
		Bentonville, AR 72716	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Projector for District Office	
		1 Tojester for Bistrict Clines	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/50 Rpt: 59/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	01/06/2025	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		6th Floor
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	02/05/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Soliware
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/05/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Waces/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 50/50 Rpt: 60/61	Cook, Molly C. (The Honorable) 00086313
4	Date	5 Payee name
	04/07/2025	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		6th Floor
		San Jose, CA 95113
8	PURPOSE	
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Software
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	Davida marra
	Date 06/05/2025	Payee name Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.12	55 Almaden Blvd
		6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Software
	Complete ONU V if allow	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 61/61 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cook, Molly C. (The Honorable) 00086313 5 Name of person from whom amount is received 8 Amount (\$) Date 02/28/2025 **Constant Contact** \$2,197.25 6 Address of person from whom amount is received; City; State; Zip Code Waltham, MA 02451 Purpose for which amount is received Check if political contribution returned to filer Refund for over-payment on 2/13/25