## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

_	Eller ID (Ed.)	in Oneminin Films	O Takal manua filadi					
T	Filer ID (Eth) 00051674	ics Commission Filers)	2 Total pages filed: 56		OFFICE USE ONLY			
_							Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST David I			MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	David L.				07/29/2025	
		NICKNAME	LAST			SUFFIX		
_	00101111	<u> </u>	Cook				Date Hand-delivered or	Date Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff		Other (s	pecify)		_
		X July 15	Exceeded modified				Receipt #	Amount
		30th day before election	15th day after camp appointment (office		er		Date Processed	
		8th day before election	Final Report (Attacl	h C/OH-FR)				
5	ORIGINAL PERIOD	Month Day Yea		Month	Day	Year	Date Imaged	
	COVERED	01/01/2025	THROUGH	06/	30/2025			
6	EXPLANATION OF C	CORRECTION Finance Report covering Ja						
	submitted from Anedo	ographical error of "June 2 ot and Pinnacle Bank if nee tion is being filed today to i	eded. This error was a	n accident a	and was no	t intentional. W	e discovered this e	rror today, July 29,
7	AFFIDAVIT		and	correct.	•	enalty of perjury and all applicat	, that this corrected	report is true
			X	was made	-	ith and without	affirm that the origing an intent to mislead led in the report.	
			X	report not that the re swear, or	later than teport as orig	the 14th busines ginally filed is in any error or om	that I am filing this as day after the dat accurate or incomp iission in the report	e I learned lete. I
					The	Honorable Da	vid L. Cook	
	AFFIV NOTABY ST	AMD / CEAL ADOM			Signatu	re of Candidate	or Officeholder	
	AFFIX NUTARY ST	AMP / SEAL ABOVE						
		ribed before me, by the sai	• • • • • • • • • • • • • • • • • • • •			<del></del>	ne	day
	Signature of office	er administering oath	Printed name of of	fficer admin	isterina net	th T	itle of officer admir	nistering oath
_	Signature of offic	or administering batti	Finited Haine Of Of	moei aumilli	isiciniy udi	uı I	nic of officer autilit	istering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	ete this form.  1 Filer ID (Ethics Commission Filers) 00051674			2 Total pages filed: 56		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	The Honorable	David L.			Date Received	ALLY EU ED	
					ELECTRONIC	ALLY FILED	
		_AST		SUFFIX	07/29/2025		
		Cook					
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER MAILING ADDRESS	309 E. Broad Street				Receipt #	Amount	
l	M						
Change of Address	Mansfield, TX 76063				Date Processed	•	
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR F	IRST		MI			
TREASURER		onya D.					
NAME		5ya 2.					
	NICKNAME L	 AST		SUFFIX			
		Cook		30111X			
		JOOK					
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX DI EASE).	ΔD	Γ / SUITE #; CITY	· 9T.	ATE; ZIP CODE	
TREASURER	309 E. Broad Street	OX FLLASL),	ΛF	173011E#, CITT	, 317	ATE, ZIF CODE	
ADDRESS	303 E. Broad Street						
(Residence or Business)	Marafald TV 70000						
	Mansfield, TX 76063						
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION				
TREASURER	(817) 821-1096						
PHONE							
8 REPORT							
TYPE	January 15	30th day before	election	Runoff		mpaign treasurer	
	X July 15	8th day before 6	Nection $\square$	Exceeded modified	appointment (offi		
	X July 15	our day before e	election	reporting limit	Final Report (All	acii C/On-FR)	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/01/2025	TH	ROUGH	06/30/202	25		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	X Pi	rimary	Runoff	Other		
	03/03/2026		eneral	Special	<del></del>		
		"	01101 41				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	Γ (if known)		
III OFFICE	State Representative Distric	t 96		State Senator D			
	State Representative Distric	. 30		State Seriator B	ISTRICT ZZ		
	1			ı			
		COT	O DACE 2				
		GU I	O PAGE 2				

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 56

13 C / OH NAME	Cook, David L. (The I	<b>14</b> Filer ID (I 00051674	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 17,550.00				
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 73,096.18				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 457,574.38				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 265,000.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		The Hone	orable David L. Cook					
		Signature of	Candidate or Officehold	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**

					4 of 56
	ER NAM ok, Da	ME vid L. (The Honorable)	<b>19</b> Filer ID 00051674	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE	l		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,975.00
2.	Х	\$	575.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	X	SCHEDULE E: LOANS	\$	250,000.00	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	73,096.18	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/56	
2	FILER NAME Cook, David	L. (The Honorable)			3	Filer ID (Ethics Commission 00051674	n Filers)
4	Date 06/30/2025	Kim, Alex	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
_	Deinainal assu	Fort Worth, TX 76111	lo.	Franks von (Coo la structiona			
8	District Judge	pation / Job title (See Instructions) e	9	Employer (See Instructions State of Texas	)		
	Date 06/24/2025	Full name of contributor ou McRae, Cody A. Contributor address; City; State; Zi		)		Amount of Contribution (\$)	\$250.00
	Principal occur	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Investor			OmniBase Services of T		as	
	Date Full name of contributor out-of-state PAC (ID#:  06/24/2025 Moak Casey PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/24/2025	Full name of contributor on Moore, Pasha  Contributor address; City; State; Zites Austin, TX 78768		Amount of Contribution (\$)	\$500.00		
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Holland Taucher	)			
	Date 06/24/2025	Full name of contributor ou Nall, Michael Contributor address; City; State; Zi Kingwood, TX 77345	)		Amount of Contribution (\$)	\$250.00	
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions OmniBase Services of T		as	
			'				

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/56		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)	
	Cook, David	L. (The Honorable)				00051674		
4	Date 06/23/2025	<ul><li>5 Full name of contributor Smiedt, Donna</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00	
		Arlington, TX 76016	'					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)			
	Attorney	,		Harris Cook, LLP				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	06/29/2025	Texans United for a Conserv	ative Mayjority				\$5,000.00	
		Contributor address; City; State;						
		Victoria, TX 77901						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	06/24/2025	Texans for Lawsuit Reform P					\$5,000.00	
		Contributor address; City; State;	; Zip Code					
		A						
	Dringing con	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions				
	Principal occu	pation / Job title (See Instructions)		Employer (See instructions	)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
	06/30/2025	Texas Association of Health	Plans PAC				\$2,000.00	
		Contributor address; City; State;	; Zip Code					
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	·	,						
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	06/30/2025	Van Arnam, Catherine					\$25.00	
		Contributor address; City; State;	Zip Code					
		Cedar Park, TX 76065						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Comms	•		State of Texas				
_								

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/56	
2	FILER NAME Cook, David	L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051674	
4	06/24/2025	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$2,500.	<b>)</b> 00
8	Principal occur	Houston, TX 77055 pation / Job title (See Instructions)	9 Employer (See Instructions	nec)	
°	Homebuilder		Weekley Development		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$1,000.0	00
		Austin, TX 78701			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	ons)	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Cuide explains how to e	1 Total pages Schedule A2:
The Instruction Guide explains how to c	Sch: 1/1 Rpt: 8/56
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Cook, David L. (The Honorable)	00051674
4 TOTAL OF UNITEMIZED IN-KIND POLITIC	CAL CONTRIBUTIONS \$
5 Date 6 Full name of contributor Out-o	f-state PAC (ID#:) 8 Amount of 9 In-kind contribution
06/24/2025 Ingersoll, Deborah	contribution (\$) description  \$275.00   Cost of the Event
7 Contributor address; City; State; Zip	Code Coordination for Austin
	Fundraiser
	<u> </u>
Austin, TX 78763	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)	
Vice-President	Legislative Solutions
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
10 If contributor is a shift boundary of the North North North	
16 If contributor is a child, law firm of parent(s) (if any) (Fi	JR JUDICIAL)
Date Full name of contributor out-o	f-state PAC (ID#:) Amount of In-kind contribution
06/24/2025 Montford, John	contribution (\$) description
Contributor address; City; State; Zip	\$300.001 Fee for Venue for Austin
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ļ .
San Antonio, TX 78257	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)	
President/CEO	JTM Consulting, LLC
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (Fe	I DR JUDICIAL)
1	

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this	s form.	1	ages Schedule E: ./1 Rpt: 9/56
2	FILER NAME Cook, David L. (	The Honorable)			(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>	\$
5	Date of loan 06/30/2025	7 Name of lender	PAC (ID#:		9 Loan Amount (\$) \$250,000.00
6	Is lender a financial institution?	8 Lender address; City; State	; Zip Code		10 Interest Rate
	No	Mansfield, TX 76063			11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction Harris Cook LLP	s)	
14	Description of Coll	lateral	15 Check if personal funds w	ere deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State	; Zip Code		
20	Principal occupation	on	21 Employer (See Instruction	s)	
			•		

### 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

	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: 1/46 Rpt: 10/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	01/31/2025	61 Osteria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$460.47	500 W. 7th Street
		Fort Worth, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Officeholder and Constituents Dinner
		Campaign Officerolder and Constituents Diffice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	01/10/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.91	208 S. Akard Street
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Telephone, Telecommunications  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Monthly campaign cell phone expense
		Monthly Campaign Cell phone expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/19/2025	Payee name AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.93	208 S. Akard Street
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Telephone, Telecommunications  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Monthly campaign cell phone expense
		Monthly Campaign Cell phone expense
_	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 -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
Legal Services Salaries/Wages/Contract Labor

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment									strict category not listed above	e)
				The Instruction Gu	iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	r Filers)
	Sch: 2/46 Rpt: 11/56		Cook, David	L. (The Honora	able)				00051674		
4	Date	5	Payee name								
	04/19/2025		AT&T								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$40.93		208 S. Akar	d Street							
			Dallas, TX 7	'5202							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b)	Description				
	OF			Telecommunica			:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						ш		officeholder living		
							Monthly camp	pai	gn cell phon	e expense	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office s	ought			Office h	eld	
	experientare to benefit or or										
	Date		Payee name								
	05/12/2025		AT&T								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$40.93		208 S. Akar	d Street							
			Dallas, TX 7	'5202							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE			Telecommunica			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						Check if Austin, TX, officeholder living expense  Monthly campaign cell phone expense				
							Monthly cam	paı	gn cell phon	e expense	
						<u> </u>					
	Complete ONLY if direct expenditure to benefit C/O		Sandidate/Office	ceholder name	Office s	ought			Office h	eld	
		_									
	Date		Payee name								
	06/19/2025		AT&T								
	Amount (\$)		Payee addres	-	State; Zip	Code					
	\$40.93		208 S. Akar	d Street							
			Dallas, TX 7	'5202							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Telephone,	Telecommunica	ations		ш			plete Schedule T.	
							_		officeholder living		
							Monthly cam	μαι	gii celi piloli	le expense	
_	Complete ONLY if direct	Ц	Candidato/Offic	ceholder name	Office s	ought			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/O		Januiuale/UIII(	choluel hallle	Office S	ougni			Onice n	ziu -	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

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: 3/46 Rpt: 12/56 Cook, David L. (The Honorable) 00051674 4 Date Payee name 03/17/2025 Amazon.com 6 Amount (\$) Payee address; City; State; Zip Code \$54.87 410 Terry Avenue North Seattle, WA 98109-5210 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. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Frames for Constituent gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/26/2025 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$108.64 410 Terry Avenue North Seattle, WA 98109-5210 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Frames for Constituent gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 Amazon.com Amount (\$) Payee address: City: State; Zip Code \$108.64 410 Terry Avenue North Seattle, WA 98109-5210 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Frames for Constituent gifts 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 Candidate/Officeholder/Politi Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains h	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 4/46 Rpt: 13/56		Cook, David	L. (The Honor	able)					00051674		
4	Date	5	Payee name									
	05/12/2025		Amazon.cor	n								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$77.70		410 Terry A	venue North								
			Seattle, WA	98109-5210								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sched	dule)	(b)	Description				
	OF	` '		Memorials Exp		uuic)			outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							_		officeholder livir		
								Frames for C	ons	stituent gifts	5	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou	ght			Office h	neld	
		_										
	Date		Payee name									
	05/19/2025		Amazon.cor	n								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$45.45		410 Terry A	venue North								
			Seattle, WA	98109-5210								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards/	Memorials Exp	ense			<b></b>			mplete Schedule T.	
								<b>—</b>		officeholder livir	ng expense s to Juvenile Jus	tica
								members	,011	minuce gira	o to ouverme oue	nioc -
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	aht			Office h	neld	
	expenditure to benefit C/OI						9					
_	Date		Payee name									
	05/22/2025		Amazon.cor	n								
	Amount (\$)		Payee addres		State:	Zip Co	de					
	\$35.69		410 Terry A	-	State,	Zip C0	uc					
	400.00		120 1011971	vondo rvorar								
			Spattle WA	98109-5210								
	DUDDOCE	(0)				1	/b\	D inti				
	PURPOSE OF	(a)		e Categories listed at t Memorials Exp		dule)	(n)	Description  Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Gill/Awaius/	ivieriioriais Exp	Elise			ш		officeholder livir		
									tiss	sue paper f	or committee me	ember
L								gifts				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										

#### 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/46 Rpt: 14/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	02/15/2025	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$588.96	Skyview Drive
		Euless, TX 76040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Officeholder's Airline ticket to and from Washington
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	American History & Heritage Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	Foundation, Inc.
	+=,000.00	P.O. Box 10388
		Conway, AR 72034
	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
		Bonaton
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	expenditure to benefit C/O	Payee name
	Date 02/05/2025	Payee name American Legislative Exchange Council Payee address; City; State; Zip Code
	Date 02/05/2025 Amount (\$)	Payee name American Legislative Exchange Council
	Date 02/05/2025 Amount (\$) \$200.00	Payee name American Legislative Exchange Council  Payee address; City; State; Zip Code 2900 Crystal Drive, 6th Floor  Arlington, VA 22202
	Date 02/05/2025 Amount (\$)  PURPOSE	Payee name    American Legislative Exchange Council  Payee address; City; State; Zip Code    2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule)  (b) Description
	Date 02/05/2025 Amount (\$) \$200.00	Payee name    American Legislative Exchange Council  Payee address; City; State; Zip Code    2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule)    Fees  (b) Description    Check if travel outside of Texas. Complete Schedule T.
	Date 02/05/2025 Amount (\$)  PURPOSE OF	Payee name American Legislative Exchange Council  Payee address; City; State; Zip Code 2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Date 02/05/2025 Amount (\$)  PURPOSE OF	Payee name    American Legislative Exchange Council  Payee address; City; State; Zip Code    2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule)    Fees  (b) Description    Check if travel outside of Texas. Complete Schedule T.
	Date 02/05/2025 Amount (\$)  PURPOSE OF EXPENDITURE	Payee name    American Legislative Exchange Council  Payee address; City; State; Zip Code    2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule)    Fees  (b) Description    Check if travel outside of Texas. Complete Schedule T.    Check if Austin, TX, officeholder living expense    Officeholder's Membership
	Date 02/05/2025 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name    American Legislative Exchange Council  Payee address; City; State; Zip Code    2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description
	Date 02/05/2025 Amount (\$)  PURPOSE OF EXPENDITURE	Payee name    American Legislative Exchange Council  Payee address; City; State; Zip Code    2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description
	Date 02/05/2025 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name    American Legislative Exchange Council  Payee address; City; State; Zip Code    2900 Crystal Drive, 6th Floor  Arlington, VA 22202  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description

### 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 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: 6/46 Rpt: 15/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	02/01/2025	American Warrior Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3304 W. 5th Street
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
Ļ	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/12/2025	Aspire Technical Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,461.38	1475 Heritage Parkway
		Suite 201
		Mansfield, TX 76063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign IT Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Aspire Technical Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	1475 Heritage Parkway
		Suite 201
		Mansfield, TX 76063
	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
		Campaign IT Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	
1	Total pages Schedule F1: Sch: 7/46 Rpt: 16/56	2 FILER NAME Cook, David L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051674
4	Date	5 Payee name
	04/01/2025	Aspire Technical Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$389.70	1475 Heritage Parkway Suite 201
		Mansfield, TX 76063
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.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense  Campaign IT Services
		Campaign in Services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	David and the second se
	Date 06/04/2025	Payee name Aspire Technical Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	1475 Heritage Parkway
		Suite 201
		Mansfield, TX 76063
	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
		Campaign IT Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/07/2025	Aspire Technical Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	1475 Heritage Parkway Suite 201
		Mansfield, TX 76063
	PURPOSE	To.
	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
		Campaign IT Services
	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 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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/46 Rpt: 17/56	Cook, David L. (The Honorable)		00051674
4	Date	5 Payee name		<u> </u>
	04/15/2025	B&B Commerical Printing		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$56.83	501 S. 5th Street		
		Mansfield, TX 76063		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Campaign Stickers
				Campaign Stickers
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		Jiii	Office Hold
	Date	Dove nome		
	01/15/2025	Payee name Buc-ee's		
			40	
	Amount (\$) \$26.74	Payee address; City; State; Zip Coo 4155 North General B	ue	
	φ20.74	4133 Nottil General B		
		Tomple TV 76F01		
		Temple, TX 76501		
	PURPOSE OF	, ,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				District Staff's gas back to District
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/31/2025	Cameron D Shepherd		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$477.20	8177 FM 2609		
		Nacogdoches, TX 75965		
	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  Campaign Salary
				Campaign Calary
	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		t	S55 Hold
_				

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Mem Legal Services			Vages	s/Contract Labor		Travel Out of E OTHER (enter	District a category not listed above)	
L					ni Guide expla	ains how to co	mpie	ete tilis ioiiii.				
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)	
_	Sch: 9/46 Rpt: 18/56	_	Cook, David	d L. (The Ho	norable)					00051674		
4	Date	5	Payee name									
	02/28/2025		Cameron D	Shepherd								
6	Amount (\$)	7	Payee addres	ss; City;	S	tate; Zip Co	ode					
	\$461.75		8177 FM 26	609								
			Nacogdoch	es, TX 7596	5							
8	PURPOSE	⊢	Category (Se			e echodulo)	(b)	Description				
	OF	( ,	Salaries/Wa			s scriedule)	(-,	_ :	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Salatios, VVC	igoor contia	J. LUDOI			_		officeholder livi		
								Campaign Sa	alar	у		
9	Complete ONLY if direct		Candidate/Offi	ceholder nam	е	Office sou	ıght			Office I	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/31/2025		Cameron D	Shepherd								
$\vdash$	Amount (\$)	$\vdash$	Payee addres	ss; City;	S	tate; Zip Co	ode					
	\$461.75		8177 FM 26	-	J	, <u></u> p oc						
	Ψ+01.73		O±11 1 1V1 ZC									
				<b>-</b> \/	_							
			Nacogdoch	es, 1X 7596	5							
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor						mplete Schedule T.	
								_		officeholder livi	ng expense	
								Campaign Sa	aidľ	у		
_	Operation Objects "	L	Sec. 40 1 1 1 1 2 2 2 2			0	<u> </u>			0.5	1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenoider nam	е	Office sou	ignt			Office I	neid	
	,	_										
	Date		Payee name									
L	04/30/2025	L	Cameron D	Shepherd								
	Amount (\$)		Payee addres	ss; City;	S	tate; Zip Co	ode					
	\$461.75		8177 FM 26	609								
			Nacogdoch	es, TX 7596	5							
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of thi	s schedule)	(b)	Description				
	OF		Salaries/Wa			<del></del> /		Check if travel			mplete Schedule T.	
	EXPENDITURE			-				_		officeholder livi	ng expense	
								Campaign Sa	alar	У		
	Complete ONLY if direct		Candidate/Offi	ceholder nam	е	Office sou	ıght			Office I	held	
	expenditure to benefit C/O	H										

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

l	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
	Sch: 10/46 Rpt: 19/56	Cook, David L. (The Honorable)	00051674		
4	Date 05/30/2025	5 Payee name Cameron D Shepherd			
6	Amount (\$) \$461.75	7 Payee address; City; State; Zip Code 8177 FM 2609 Nacogdoches, TX 75965			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Salary		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held		
Г	Date	Payee name			
	01/06/2025	Capitol Cafe			
	Amount (\$) \$297.70	Payee address; City; State; Zip Code 1001 Congress Avenue, Suite 180			
		Austin, TX 78701			
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Breakfast for Opening Day at Capitol		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Г	Date	Payee name			
	05/12/2025	Capitol Commission Texas			
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 12302 Marshall Drive			
		Magnolia, TX 77354			
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation		
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Comr 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	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: 11/46 Rpt: 20/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	06/03/2025	Capitol Extension Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$297.69	1400 Congress Avenue E1.006
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	-	Check if Austin, TX, officeholder living expense
		Gifts for Constituents
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		<u> </u>
	Date	Payee name
	06/03/2025	Capitol Extension Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$303.10	1400 Congress Avenue E1.006
		Austin, TX 78701
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Member Gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/03/2025	Capitol Extension Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.90	1400 Congress Avenue E1.006
	Ψ123.30	1400 Congress / Worlde L1.000
		Austin TV 70701
		Austin, TX 78701
	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
		Gifts for constituents
		Site is something
	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 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: 12/46 Rpt: 21/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	04/09/2025	Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.50	1400 Congress Avenue
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch for Constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/26/2025	Chick-fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.83	6 & Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Committee Members Breakfast
		Commune Wembers Breaklast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/07/2025	Chick-fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	6 & Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Committee Members Breakfast
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict i category not listed a	bove)
	Credit Card Payment			The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 13/46 Rpt: 22/56		Cook, David	L. (The Honor	able)					00051674		
4	Date	5	Payee name									
	01/27/2025		Christians E	ngaged								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$250.00		P.O. Box 47	2655								
			Garland, TX	75047								
8	PURPOSE	(a)	Category (0-	e Categories listed at t		\	(b)	Description				
	OF	(-,		s/Donations Ma		eaule)	(~)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			officeholder/Pol		ittee		Check if Austin,	, TX,	officeholder living	g expense	
								Donation				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	experiulture to beliefft C/Oi	П										
	Date		Payee name									
	02/25/2025		Christians E	ngaged								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$250.00		P.O. Box 47	2655								
			Garland, TX	75047								
	PURPOSE	(a)	Category (Sa	e Categories listed at t	he ton of this sch	adula)	(b)	Description				
	OF	` '		s/Donations Ma		suuic)			outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Candidate/C	fficeholder/Pol	itical Ćomm	ittee		<b>—</b>	, TX,	officeholder living	g expense	
								Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	- CAPOTICITO TO BOTTOTIC GAOT	_										
	Date		Payee name									
	03/24/2025		Christians E	ngaged								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$250.00		P.O. Box 47	2655								
			Garland, TX	75047								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations Ma	ade By			<b></b>			plete Schedule T.	
	EXI ENDITORE		Candidate/C	officeholder/Pol	itical Comm	ittee		<b>—</b>	, TX,	officeholder living	g expense	
								Donation				
	Complete ONLY if alias -t	ب	Condidate /Offi	oboldor		office as:	ab+			Office !-	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluel name	C	Office sou	yııı			Office h	eiu	

### 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 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 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/46 Rpt: 23/56	Cook, David L. (The Honorable)	00051674
4	Date	5 Payee name	•
	04/02/2025	Clayton Spangler Photographic Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,178.00	235 Point Lick Drive	
		Charleston, WV 25306	
8	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
			2025 Panoramic Group Portrait
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/20/2025	Colonel Littleton	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$858.00	113 Mill Street	
		Lynnville, TN 38472	
	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  Committee member Gifts
			Committee member ente
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
-	Date	Payee name	
	01/06/2025	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.59	1601 Trapelo Rd	
	¥200.00	2002 // apolo // d	
		Waltham, MA 02451	
	PURPOSE	· ·	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Campaign Email Blasts
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<b>-</b>	

#### 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	
_	Total marca Cabadula E1.	9 Files NAME
1	Total pages Schedule F1: Sch: 15/46 Rpt: 24/56	2 FILER NAME Cook, David L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051674
4	Date	5 Payee name
	02/04/2025	Constant Contact
6	Amount (\$) \$130.59	7 Payee address; City; State; Zip Code 1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Email Blasts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.59	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Campaign Email Blasts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	Constant Contact
	04/03/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.59	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Email Blasts
Т	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 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: 16/46 Rpt: 25/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	05/05/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.59	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Blasts
		Campaign Email Black
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	06/04/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Email Blasts
		Campaign Email Diasis
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/21/2025	Criminal Justice Reform Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	Texas Capital, Room GN8
		Austin, TX 78768-2910
	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.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Membership dues
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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: 17/46 Rpt: 26/56	Cook, David L. (The Honorable)  Cook, David L. (The Honorable)	
4	Date	5 Payee name	
	04/14/2025	Crumbl Cookies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.45	5207 Brodie Lane	
		Suite 110	
		Austin, TX 78745	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Birthday Cookies for Capitol Staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/30/2025	Crumbl Cookies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.46	5207 Brodie Lane	
		Suite 110	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense  Juvenile Justice Subcommittee celebration	
		Suverine Sustice Subcommittee Celebration	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	02/21/2025	DFW International Airport Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.00	2400 Aviation Drive	
		DFW Airport, TX 75261	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Officeholder's parking at DFW Airport (To	
		Washington)	
_	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

**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:		ers)
	Sch: 18/46 Rpt: 27/56	Cook, David L. (The Honorable)  Cook, David L. (The Honorable)  00051674	
4	Date	5 Payee name	
	01/10/2025	David Cook for Speaker	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15,000.00	309 E. Broad Street	
		Mansfield, TX 76063	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
$\vdash$	Data	1 _	
	Date	Payee name	
	02/21/2025	Dos Toros	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.41	1350 Connecticut Avenue NW	
		Washington, DC 20036	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Officeholder's lunch (C-PAC Conference)	
		Officeriolides a father (2.1 7/12 conficience)	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
-	Date	Payee name	
	03/11/2025	Eureka	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.83	200 E. 6th Street	
	Ψ-3.00		
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LADITORL	Check if Austin, TX, officeholder living expense	
		Officeholder and staff dinner	
	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 Salaries/Wages/Contract Labor

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

Travel Out of District 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: 19/46 Rpt: 28/56 Cook, David L. (The Honorable) 00051674 4 Date Payee name Fresa's 9th & Lamar 01/02/2025 6 Amount (\$) Payee address; State; Zip Code \$53.04 915 N Lamar Blvd Austin, TX 78703 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Capitol Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 Griffin Communications LLC Amount (\$) Payee address; City; State; Zip Code \$1,000.00 151 Atwater Cove Austin, TX 78737 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2025 Griffin Communications LLC Amount (\$) Payee address: City: State; Zip Code \$1,000.00 151 Atwater Cove Austin, TX 78737 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign consulting 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/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	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: 20/46 Rpt: 29/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	03/31/2025	Griffin Communications LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	151 Atwater Cove
	. ,	
		Austin, TX 78737
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  Campaign consulting
		Campaign consulting
Ļ	- 1 ·	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/30/2025	Griffin Communications LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	151 Atwater Cove
		Austin, TX 78737
	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  Campaign consulting
		Campaign consulting
L	Operation ONE V if dispert	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	06/09/2025	Griffin Communications LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	151 Atwater Cove
		Austin, TX 78737
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
I		Campaign consulting
$ldsymbol{ld}}}}}}$		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorale to belieff C/OI	
_		

### 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

	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: 21/46 Rpt: 30/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	01/13/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.15	1670 E. Broad Street
		Mansfield, TX 76063
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Breakfast for Capitol Office Opening Day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/02/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.38	1670 E. Broad Street
		Mansfield, TX 76063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
		Capitol Cines Cappines
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davies same
	Date	Payee name
	03/09/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.76	1670 E. Broad Street
		Mansfield, TX 76063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol Office Supplies
		Capitol Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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/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 comp	lete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 22/46 Rpt: 31/56	Cook, David L. (The Honorable)			00051674	
4	Date	5 Payee name		I		
	01/17/2025	Hobby Lobby				
6	Amount (\$)	7 Payee address; City; State; Zip Code	!			
	\$168.81	122 Highway 287 South				
		Mansfield, TX 76063				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Descr	ription		
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Ch	eck if travel outsic		
	LAFLINDITORL		_	eck if Austin, TX,		
			⊢ram	ning for Cons	stituent gints	i
_	Complete ONLY if direct	Condidate/Officeholder name Office course	+		Office be	old.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	ι		Office he	eiu
_						
	Date	Payee name				
	02/12/2025	Hobby Lobby				
	Amount (\$)	Payee address; City; State; Zip Code	!			
	\$259.69	122 Highway 287 South				
		Mansfield, TX 76063				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Descr			
	OF EXPENDITURE	Gift/Awards/Memorials Expense		eck if travel outsion eck if Austin, TX,		plete Schedule T.
			_	ning for Cons		
					outaont gint	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/O	9				
	Date	Payee name				
	02/21/2025	Hobby Lobby				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$259.69	122 Highway 287 South				
	<del>+</del> 200.00	ga, _o				
		Mansfield, TX 76063				
	DUDDOCE		١			
	PURPOSE OF	,	Descr		de of Texas. Com	plete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense		eck if Austin, TX,		
			Fram	ing for Con	stituent gifts	;
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/O	1				

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Git/Awards/Memorials Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict i category not listed al	oove)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 23/46 Rpt: 32/56		Cook, David	L. (The Honor	able)					00051674		
4	Date	5	Payee name						<u> </u>			
	04/01/2025		Hobby Lobb	У								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$389.54		122 Highwa	y 287 South								
			Mansfield, T	X 76063								
8	PURPOSE	(a)	Category (se	e Categories listed at t	the ten of this scho	dulo)	(b)	Description				
	OF EXPENDITURE	<u> </u> `		Memorials Exp		uuie)	` '		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			·				_		officeholder living		
								Framing for C	Con	stituent gifts	5	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	05/12/2025		Hobby Lobb	У								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$36.25		122 Highwa	y 287 South								
			Mansfield, T	X 76063								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Gift/Awards/	Memorials Exp	ense			<b>=</b>		de of Texas. Con officeholder living	nplete Schedule T.	
								Framing for C				
								J		3		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/20/2025		Hobby Lobb	У								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$524.29		122 Highwa	-		·						
			Mansfield, T	X 76063								
	PURPOSE	(a)		e Categories listed at t	the ten of this cabe	dula)	(b)	Description				
	OF	'		'Memorials Exp		uule)	()		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			<b>,</b>				ш		officeholder living		
								Framing for C	Con	stituent gifts	6	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	

### 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 Ex nmittee Legal Services  The Instruction Guic	(pense	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
				ie explains ne	ow to compr	ete tilis lollii.	_		(=u: 0 : : =u )
1	Total pages Schedule F1: Sch: 24/46 Rpt: 33/56	2	Cook, David L. (The Honorab	ıle)			3	Filer ID 00051674	(Ethics Commission Filers)
4	Date	5	Payee name						
	01/15/2025		Hyatt Centric Congress Aven	ue					
6	Amount (\$) \$14.12	7	Payee address; City; 721 Congress Avenue	State;	Zip Code				
			Austin, TX 78701						
8	PURPOSE OF EXPENDITURE	(a)	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Staff Breakfast						
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name	Off	fice sought			Office he	eld
	Date		Payee name						
	01/15/2025		Hyatt Centric Congress Aven						
	Amount (\$)		Payee address; City;	State;	Zip Code				
	\$223.69		721 Congress Avenue Austin, TX 78701						
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense District Staff Hotel									
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name	Off	fice sought			Office he	eld
	Date 01/20/2025		Payee name In Bloom Flowers Gifts and M	1ore					
	Amount (\$) \$121.24		Payee address; City; 4311 Little Road	State;	Zip Code				
			Arlington, TX 76016						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Gift/Awards/Memorials Exper		dule) (b)	ш	, TX,	de of Texas. Com officeholder living stituent	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name	Off	fice sought			Office he	eld
	Forms provided by Tayas Ethics Commission www.athics state ty us Version V// 1.0 f10d0fd8								

#### SCHEDULE F1

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 Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/46 Rpt: 34/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	02/19/2025	Innovation & Technology Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	815-A Brazos Street, #714
		Austin, TX 78701
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.  Check if Austin, TX, officeholder living expense
		Officeholder's Membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	04/06/2025	J. Crew
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	225 Liberty Street
		New York, NY 10281
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Capitol Staffer Birthday Gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2025	Jennifer Rymell Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 16120
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Fort Worth, TX 76162
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### 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 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)
l	Sch: 26/46 Rpt: 35/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
l	03/23/2025	Ladies' Auxiliary of Arlington
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$515.00	PO Box 152336
l		
l		Arlington, TX 76015
8	PURPOSE	
ľ	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.
l	EXPENDITURE	Candidate/Officeholder/Political Committee
l		Donation
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantare to benefit 6/61	'
l	Date	Payee name
l	06/23/2025	Legislative Solutions
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$380.00	P.O. Box 5643
l		Austin, TX 78763
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Email distribution for Austin Fundraiser
		Email distribution for Austin Fundraiser
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
l	05/15/2025	Meadow Votis
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$2,000.00	12014 Papaveri Street
l	Ψ2,000.00	12014 i apaveir oli eet
l		Richmond, TX 77406
L	DUDDOCE	
l	PURPOSE 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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Contract Labor
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1 

#### 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/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: 27/46 Rpt: 36/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	01/15/2025	Mighty Warrior Holdings LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	404 E. Broad Street
		Mansfield, TX 76063
8	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  Campaign Consulting
		- Campaign Concatang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/13/2025	Mighty Warrior Holdings LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	404 E. Broad Street
		Mansfield, TX 76063
	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  Campaign Consulting
		Campagn Consuming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/15/2025	Mighty Warrior Holdings LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	404 E. Broad Street
		Mansfield, TX 76063
	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  Campaign Consulting
		Campagn Consuming
	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 Candidate/Officeholder/Political Committee
Credit Card Payment

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 Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 28/46 Rpt: 37/56	Cook, David L. (The Honorable)	00051674					
4	Date	5 Payee name						
	04/15/2025	Mighty Warrior Holdings LLC						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,000.00	404 E. Broad Street						
		Mansfield, TX 76063						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Consuming Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
		Campaign C						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	Ч						
	Date	Payee name						
	05/15/2025	Mighty Warrior Holdings LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,000.00	404 E. Broad Street						
	!							
		Mansfield, TX 76063						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consuling Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
		Campaign C						
			3					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OF	Н						
	Date	Payee name						
	06/15/2025	Mighty Warrior Holdings LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,000.00	404 E. Broad Street						
		Mansfield, TX 76063						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense	el outside of Texas. Complete Schedule T.					
		Campaign C	in, TX, officeholder living expense					
		Campaign	onsulting					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O		Cindo neid					
I								

#### SCHEDULE F1

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

	Contributing 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: 29/46 Rpt: 38/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	04/16/2025	Mindy Lu's Pies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.00	4031 Express Street
		Arlington, TX 76001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Pies for Event
		FIES IOI EVEIIL
_	Occupate ONLY if alice at	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	MoreHands Maid Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.77	8000 Anderson Square
		#107
		Austin, TX 78757
	DUDDOGE	
	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
		Officeholder's Cleaning services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/05/2025	MoreHands Maid Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.77	8000 Anderson Square
		#107
		Austin, TX 78757
	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	X Check if Austin, TX, officeholder living expense
		Officeholder's Cleaning services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services					OTHER (enter a category not listed above)				
	Credit Card Payment			The Instruction G	uide explains hov	w to con	nple	te this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 30/46 Rpt: 39/56		Cook, David	d L. (The Honor	able)					00051674		
4	Date	5	Payee name									
	05/27/2025		MoreHands	Maid Service								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$193.77		8000 Anders	son Square								
			#107									
			Austin, TX 7	78757								
8	PURPOSE	(a)	Category (se	ee Categories listed at t	he ton of this schedul	le)	(b)	Description				
	OF	<u> </u> `´		head/Rental Exp			` '	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			·				_		officeholder living		
								Officeholder's	s Cl	leaning ser	vices	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Offic	ce soug	ght			Office h	eld	
	experientare to benefit 6/61											
	Date		Payee name									
	06/09/2025		Nora's Flow	ers								
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Coc	de					
	\$147.38		100 Souther	ast Third Avenu	е							
			Fort Lauder	dale, FL 33304								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedul	le)	(b)	Description				
	OF EXPENDITURE			/Memorials Exp				<b>=</b>			plete Schedule T.	
										officeholder livin	g expense	
								Flowers for M	lell	ibei		
_	Complete ONLY if direct	<u> </u>		ceholder name	Offic	ce soug	ht			Office h	old.	
Complete <u>ONLY</u> if direct Candidate/Officehold expenditure to benefit C/OH				centider name	Onic	ce soug	JIIL			Office II	ciu	
_	D-4-	_										
	Date 04/29/2025		Payee name	adt Calvas								
			Nothing Bur									
	Amount (\$)		Payee addres	•	State; Z	Zip Coc	de					
	\$44.71		2785 Bee C	ave Road								
			Suite 333									
			Austin, TX 7	78746								
	PURPOSE OF	(a)		ee Categories listed at t		le)	(b)	Description				
	EXPENDITURE		Gift/Awards	/Memorials Exp	ense			ш		de of Texas. Con officeholder living	nplete Schedule T.	
								Capitol Staff's			g expense	
								,				
$\vdash$	Complete ONLY if direct	Щ	 Candidate/Offi	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI					5						
l												

### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/46 Rpt: 40/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	06/03/2025	Perry's Steakhouse & Grille
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$364.71	114 W. 7th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Staff dinner
		Campaign Stan diffici
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		Г
	Date	Payee name
	04/05/2025	Peter Millar LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1002 Twin Creeks Court
		Durham, NC 27703
	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.
		Capital Staffor Pirthday Cift
		Capitol Staffer Birthday Gift
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	04/25/2025	Qi Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$271.89	835 W. 6th Street, #114
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Officeholder and member Dinner
	0 1 0 0 1 1 1 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	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: 32/46 Rpt: 41/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	01/14/2025	Quattro Gatti
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$555.15	908 Congres Avenue
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dinner with Capitol Staff and Constituents
		Billiof that explicit claim and concatacine
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/14/2025	QuickTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.67	1590 E. Broad Street
		Mansfield, TX 76063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		District Staff's gas to Austin for 1st day of Sesssion
		Biothiot Gtail o gas to Austin 161 25t day of Goodston
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payeo namo
	01/06/2025	Payee name Reagan Legacy Republican Woman PAC
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	111 Walnut, Suite F, Box 3
		Mansfield, TX 76063
	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  Campaign Dues
		Campaign Dues
_	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 Candidate/Officeholder/Political Committee

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 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: 33/46 Rpt: 42/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	02/15/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.05	4970 US-290
		Austin, TX 78735
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol Office Supplies
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/20/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.93	4970 US-290
		Austin, TX 78735
	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  Capitol Office Supplies
		Саркої Стос Сарріїсь
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/31/2025	Sara Trott
	Amount (\$)	Payee address; City; State; Zip Code
	\$461.75	4424 Gaines Ranch Loop #414
	¥ 10211 0	1.2 / Gallios (talio) 255p // (2)
		Austin, TX 78735
	DUDDOCE	I
	PURPOSE 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
		Campaign Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

### SCHEDULE F1

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

Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri Legal Services Sa

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: 34/46 Rpt: 43/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	02/28/2025	Sara Trott
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	4424 Gaines Ranch Loop #414
		Austin, TX 78735
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
		Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/31/2025	Sara Trott
_	Amount (\$)	Payee address; City; State; Zip Code
	\$411.75	4424 Gaines Ranch Loop #414
	Ψ-11.10	4424 Gaines Nation 2006 #424
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Salary
		Campaigh Salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	04/30/2025	Sara Trott
	Amount (\$)	Payee address; City; State; Zip Code
	\$411.75	4424 Gaines Ranch Loop #414
L		Austin, TX 78735
	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  Campaign Salary
		Campaigh Salary
	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 Candidate/Officeholder/Political Commit

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: 35/46 Rpt: 44/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	05/30/2025	Sara Trott
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$411.75	4424 Gaines Ranch Loop #414
		Austin, TX 78735
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
		Campaign Salary
		Campaign cataly
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	06/30/2025	Sara Trott
┡		
	Amount (\$)	Payee address; City; State; Zip Code
	\$411.75	4424 Gaines Ranch Loop #414
L		Austin, TX 78735
	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  Campaign Salary
		Campaign Salary
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	03/26/2025	Starbucks
	Amount (\$)	
	\$45.30	Payee address; City; State; Zip Code 501 West 15th Street
	<b>Φ4</b> 5.30	501 West 15th Street
		A TV 70704
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Capitol Office Breakfast
		Suprior Smoo Broatmact
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### 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

	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: 36/46 Rpt: 45/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	01/31/2025	Tammy L Bradshaw
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	3023 Newsom Ridge Drive
		Mansfield, TX 76063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Salary
		Campaigh Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Dete	
	Date	Payee name
	02/28/2025	Tammy L Bradshaw
	Amount (\$)	Payee address; City; State; Zip Code
	\$411.75	3023 Newsom Ridge Drive
		Mansfield, TX 76063
	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.
		Campaign Salary
		Campaigh Calary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/31/2025	Payee name Tammy L Bradshaw
	Amount (\$)	Payee address; City; State; Zip Code
	\$411.75	3023 Newsom Ridge Drive
		Mansfield, TX 76063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Salary
		Campaigh Saidi y
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Et Accounting/Banking Fr. Consulting Expense Fr. Contributions/ Donations Made By - G

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: Sch: 37/46 Rpt: 46/56	2 FILER NAME Cook, David L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051674
4	Date	5 Payee name
	04/30/2025	Tammy L Bradshaw
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$411.75	3023 Newsom Ridge Drive
		Mansfield, TX 76063
8	PURPOSE	
١	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
		Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/30/2025	Tammy L Bradshaw
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$411.75	3023 Newsom Ridge Drive
		Mansfield, TX 76063
	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
		Campaign Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Tammy L Bradshaw
	Amount (\$)	Payee address; City; State; Zip Code
	\$411.75	3023 Newsom Ridge Drive
		Mansfield, TX 76063
	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
		Campaign Salary
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic 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		Legal Services					OTHER (enter a category not listed above)				
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 38/46 Rpt: 47/56		Cook, David	L. (The Honor	able)					00051674		
4	Date	5	Payee name					•	_			
	06/04/2025		Target									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$54.51		1801 U.S. 2	87 Frontage R	d							
			Mansfield, T	X 76063								
8	PURPOSE	(a)		e Categories listed at	4l- 4 <b>6</b> 4l-: l-	\	(b)	Description				
ľ	OF	(-,		'Memorials Exp		edule)	(~)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	ig expense	
								Capitol Office	e Si	upplies		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	ield	
	experientare to benefit G/OI											
	Date		Payee name									
	01/13/2025		Tarrant Cou	nty Republicar	Assembly							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$50.00		3901 W. Fre	eway, Suite 11	L7							
			Fort Worth,	TX 76107								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>			mplete Schedule T.	
								Officeholder's		officeholder livin	ig expense	
								Officerioliders	S IVI	embersinp		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name		Office sou	aht			Office h	hla	
	expenditure to benefit C/OI		Januluale/Onic	cholder flame		office sou	grit			Office	iciu	
	Data											
	Date 02/17/2025		Payee name	nt DAC								
			Team Tarrai									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$2,500.00		7106 Lighth	ouse Road								
			Arlington, T	X 76002								
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description	outo:	de of Toyon Cor	nplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		ittee				officeholder livin		
			Carraractor C	moonoidon o	ntiotal Commi			Donation			- '	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	H										
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

	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: 39/46 Rpt: 48/56	Cook, David L. (The Honorable) 00051674
4	Date	5 Payee name
	01/17/2025	Texas Conservative Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 2659
		Austin, TX 78768
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.  Check if Austin, TX, officeholder living expense
		Officeholder's membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	03/07/2025	Texas Federation of Republican Women
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	13740 N Highway 183, Suite J4
		Austin, TX 78750-1832
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Program Ad Sponsorship
		The second secon
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/17/2025	Texas House Republican Caucus PAC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
		Austin, TX 78711
	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.  Check if travel outside of Texas. Complete Schedule T.  Check if August TX of Findholder It is a greater
		Candidate/Officeholder/Political Committee
		S. Indiana de la companya de la comp
$\vdash$	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 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

	Contributing 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: 40/46 Rpt: 49/56	Cook, David L. (The Honorable) 00051674					
4	Date	5 Payee name					
	02/11/2025	Texas Values					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$15.00	1005 Congress Avenue					
		Suite 830					
		Austin, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
	LXI LINDITORE	Candidate/Officeholder/Political Committee					
		Officeholder and Capitol Staff lunch					
Ļ	0 1 0 0 1 1 1 1						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/10/2025	Texas Workforce Commission					
	Amount (\$)	Payee address; City; State; Zip Code					
\$9.20 101 E. 15th Street							
		Austin, TX 78778					
	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  Campaign Unemployment taxes							
		Campaign Onemployment taxes					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
_	Date	Payee name					
	04/07/2025	Texas Workforce Commission					
	Amount (\$)	Payee address; City; State; Zip Code					
\$3.45   101 E. 15th Street							
45.15   101 E. 15th 6th 6th							
Austin, TX 78778							
	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					
Campaign Unemployment Taxes							
	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 con	nple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 41/46 Rpt: 50/56	Cook, David L. (The Honorable)	00051674				
4	Date	5 Payee name					
	01/12/2025	Tom Thumb					
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de				
	\$486.93	980 U.S. 287 Frontage Rd #287					
		Mansfield, TX 76063					
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			
				Office supplies for Opening Day (Swear-In) at Capito			
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office held			
9	expenditure to benefit C/O		JIIL	Office field			
	Data						
	Date 04/07/2025	Payee name  Trinity Community Foundation					
		Trinity Community Foundation					
	Amount (\$)	Payee address; City; State; Zip Coc	ae				
\$1,000.00   1148 W. Pioneer Parkway							
		Suite H					
		Arlington, TX 76013					
	PURPOSE OF	5 ( con tangente more an are top or and constant)	(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 Candidate/Officeholder living expense Donation							
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held			
	expenditure to benefit C/O	1					
	Date	Payee name					
	02/21/2025	Uber					
	Amount (\$)	Payee address; City; State; Zip Coo	de				
	\$103.56	1455 Market Street					
		4th Floor					
		San Francisco, CA 94103					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	Advertising Expense	( - ,	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE			Check if Austin, TX, officeholder living expense			
				Officeholder's transportation (C-PAC Conference)			
	0 1. 0						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	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 Salaries (Contract Labor

	Credit Card Payment  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
	Sch: 42/46 Rpt: 51/56	Cook, David L. (The Honorable) 00051674					
4	Date	5 Payee name					
	02/27/2025	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$20.64	1455 Market Street					
		4th Floor					
		San Francisco, CA 94103					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Officeholder's transportation					
_							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/10/2025	United States Treasury					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,122.00	P.O. Box 932100					
		Louisville, KY 40293-2100					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
		Campaign Payroll Tayes					
Campaign Payroll Taxes							
Complete ONLY if direct Candidate/Officeholder name Office cought Office hold							
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	01/10/2025	United States Treasury					
		·					
Amount (\$) Payee address; City; State; Zip Code \$21.00 P.O. Box 932100							
							Louisville, KY 40293-2100
						PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salarias/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					
		Campaign Unemployment taxes					
	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 Com 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						
<u>_</u>	Tatalmana C. I. I. T.						
1	Total pages Schedule F1:						
	Sch: 43/46 Rpt: 52/56	Cook, David L. (The Honorable) 00051674					
4	Date	5 Payee name					
	01/10/2025	United States Treasury					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$18.00	P.O. Box 932100					
		Louisville, KY 40293-2100					
_	DUDDOCE						
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					
		Campaign Unemployment taxes					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/O						
_							
	Date	Payee name					
	01/10/2025	United States Treasury					
	Amount (\$)	Payee address; City; State; Zip Code					
\$36.00 P.O. Box 932100							
		Louisville, KY 40293-2100					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Salaries/Wages/Contract Labor  Check if Austin TV efficient TV efficie					
		Check if Austin, TX, officeholder living expense  Campaign Unemployment taxes					
		Campaign Onemployment taxes					
_	Complete ONLY if direct	Condidate/Officeholder name Office county					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
L							
	Date	Payee name					
L	01/10/2025	United States Treasury					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$73.50	P.O. Box 932100					
		Louisville, KY 40293-2100					
	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, 1X, officenoider living expense							
	Campaign Unemployment taxes						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	CAPETIGITUTE TO DETICITE C/OF						

### 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	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: 44/46 Rpt: 53/56	Cook, David L. (The Honorable) 00051674					
4	Date	5 Payee name					
	02/06/2025	United States Treasury					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$229.50	P.O. Box 932100					
		Louisville, KY 40293-2100					
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  Campaign Payroll Taxes					
		Campaight ayron raxes					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	Complete ONLY if direct expenditure to benefit C/OH						
_							
	Date	Payee name					
	03/05/2025	United States Treasury					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$356.00	P.O. Box 932100					
		Louisville, KY 40293-2100					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
Check if Austin, TX, officenoider living expense							
Campaign Payroll Taxes							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Data						
	Date 04/03/2025	Payee name					
		United States Treasury					
Amount (\$) Payee address; City; State; Zip Code							
\$456.00 P.O. Box 932100							
Louisville, KY 40293-2100							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
Cneck if Austin, 1X, officenoider living expense							
		Campaign Payroll Taxes					
_	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 -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 (Contract Labor

	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: 45/46 Rpt: 54/56	Cook, David L. (The Honorable) 00051674					
4	Date	5 Payee name					
	04/07/2025	United States Treasury					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$33.00	P.O. Box 932100					
		Louisville, KY 40293-2100					
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  Campaign Payroll Taxes					
		Campaight ayron raxes					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
_	Data						
	Date	Payee name					
	05/06/2025	United States Treasury					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$456.00	P.O. Box 932100					
		Louisville, KY 40293-2100					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
		Campaign Payroll Tayos					
Campaign Payroll Taxes							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Device same					
	06/06/2025	Payee name					
		United States Treasury					
Amount (\$) Payee address; City; State; Zip Code							
	\$456.00	P.O. Box 932100					
Louisville, KY 40293-2100							
	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  Campaign Payroll Taxes							
		σαπραιστή αγιοπ τάλες					
_	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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Committee Legal Serv	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Sch: 46/46 Rpt: 55/56	Cook, David L. (The Honorable)			00051674				
4	Date	5 Payee name							
	05/22/2025	Vaza Woodworks							
6	Amount (\$) \$16.04	7 Payee address; City; State; Zip Code 559 County Road 2221							
		•							
		Nacogdoches, TX	75965						
8	PURPOSE OF	(a) Category (See Categori		<sub>dule)</sub> (b)	Description	(= 0			
	EXPENDITURE	Gift/Awards/Memor	ials Expense			outside of Texas. Com , TX, officeholder living			
					_	sprudence Com			
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						eld		
	Date	Payee name							
	02/18/2025	X Corp.							
	Amount (\$)	Payee address; (	City; State;	Zip Code					
\$54.13 1355 Market Street									
		Suite 900							
		San Francisco, CA	94103						
	PURPOSE	(a) Category (See Categori	es listed at the top of this sche	dule) (b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense							
Check if Austin, TX, officeholder living expense  Campaign Promote Post					g expense				
					3				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder	name O	ffice sought		Office he	eld		
	Date	Payee name							
	03/03/2025	X Corp.							
Amount (\$) Payee address; City; State; Zip Code									
\$54.13 1355 Market Street									
Suite 900									
		San Francisco, CA	94103						
	PURPOSE	(a) Category (See Categori	es listed at the top of this sche	dule) (b)	Description				
	OF EXPENDITURE	Office Overhead/R	ental Expense		ш	outside of Texas. Com	•		
			Campaign Pr	, TX, officeholder living	g expense				
Campaign Fornote Fost									
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office he	eld		
	expenditure to benefit C/OI	l		-					

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 56/56 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cook, David L. (The Honorable) 00051674 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling COOK, DAVID 8 Departure city or name of departure location 02/21/2025 **DFW** 9 Destination city or name of destination location 02/21/2025 Washington 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Officeholder's speaking at C-PAC Commercial Airplane